

## Code Status and COVID19 Patients

While much remains unknown about COVID19, particularly in regards to the US population, it is clear the disease is often deadly in elderly patients with co-morbid illness. Care is largely supportive, to include oxygen and respiratory, including ventilator, support. Despite full supportive efforts, many critically ill patients with COVID19 will die, generally of multiorgan failure, sepsis, and/or cardiomyopathy.

All studies and reports regarding COVID19 note an increased mortality associated with both age and the presence of comorbidities including hypertension, diabetes, and coronary artery disease. A retrospective cohort study from Wuhan, China of 191 seriously ill patients with confirmed COVID19 disease reported only a single survivor among 32 patients who received mechanical ventilation. <https://www.thelancet.com/pb-assets/Lancet/pdfs/S014067362305663.pdf>

The survival to hospital discharge for critically ill patients receiving CPR is very low (<15%), with already being on mechanical ventilation, older age, and co-morbidities reducing that likelihood even further. <https://www.atsjournals.org/doi/full/10.1164/rccm.200910-1639OC>

As such, CPR may be medically inappropriate in a significant portion of elderly, critically ill patients with COVID19 and underlying comorbidities. As per UWMC and HMC policy, clinicians are NOT obligated to offer or provide medically inappropriate treatment, even when requested by patients and/or designated surrogates. If treating clinicians, including more than one physician, determine that CPR is not medically appropriate, a Do Not Attempt Resuscitation Order (DNR) may be written without explicit patient or family consent. In all cases, however, the patient and/or appropriate surrogate should be informed of this decision, along with the rationale in support. Patient or family “informed assent” should be sought but is not required. Expert, compassionate communication with patient/family is necessary.

<https://www.sciencedirect.com/science/article/pii/S0012369215366332?via%3Dihub>

Potential language/points to share with family when CPR is deemed medically inappropriate:

- 1) Based on our review of your loved one’s clinical status, we are worried that this coronavirus along with their previous medical conditions is leading to an end of life process.
- 2) We are sorry to share that we believe your loved one is dying.
- 3) Under these circumstances we do not provide CPR. We want to make sure you understand this decision and have the opportunity to ask any questions that you have.

Authors: Mark Tonelli, MD MA; Denise Dudzinski, PhD, J. Randall Curtis, MD MPH, James Fausto, MD