Guidelines of the Medical Service of a Referral Unit in Palliative Oncology Care in face of the COVID-19 Pandemic

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Orientações do Serviço Médico de uma Unidade de Referência em Cuidados Paliativos Oncológicos frente à Pandemia de Covid-19

Pautas del Servicio Médico de una Unidad de Referencia en Cuidados Oncológicos Paliativos ante la Pandemia de Covid-19

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INTRODUCTION

The pandemic of the coronavirus disease 2019 - COVID-19[1] brought the necessity of adaptation of the services to maintain the care provided safely for patients and professionals. Patients with advanced cancer are included in the group of risk for COVID-19 infection[2], but also need their treatment to continue for proper control of the symptoms and quality of life[3]. In compliance with the guidelines of the National Academy of Palliative Care (ANCP)[4], of the Federal Council of Medicine(CFM)[5] and of the Brazilian Medical Association(AMB)[6], the Medical Service of the Palliative Care Unit of Hospital of Cancer IV (HC IV) of the National Cancer Institute José Alencar Gomes da Silva (INCA), specialized and national reference in oncologic palliative care elaborated an action plan for providing care during the pandemic period.

The control of the patient's symptoms and quality of life aligned with the caring and comforting attention of its relatives are among the guiding pillars of Palliative Care[7]. Some of the challenges of the palliative physician is to reconcile the recommendations for safe care and maintain the relation physician-patient[3,4].

Another challenge is the definition of suspected case[8]. Dyspnea is one of the main symptoms of advanced cancer[9] and, also, one of the symptoms of severity requiring care and hospitalization of patients with COVID-19[10]. There are innumerous aspects involved that make this definition difficult. Once defined as suspected of COVID-19 infection, the patient must remain hospitalized and isolate, without companion, restricted to the room, which can create an unpleasant situation for the patient and its relatives; if the patient evolves to death, there are restrictions to recognize the body, wake and burial[11]. On the other hand, if a patient with COVID-19 infection is hospitalized as non-suspect patient, it can be a vector for the caring and support team or to the other patients at the service. Accurate criteria and professional experience are extremely necessary.

GUIDELINES

The care needs to be adapted to match the governmental orientations to restrict the movement of persons. As protection to professionals and patients, it is suggested the following guiding objectives: keep at the minimum possible the presence of patients in the unit, avoid overload of the consultation process and for the healthcare team; advise the healthcare and supporting teams to keep contact with the individuals at the least possible; maintain the quality of the care provided and protect the patients that are in the group of great risk.

The work shift must be adjusted for proper care to the patients and to avoid overload for the professionals. It is important to know the clinical team and the demands of each process for occasional internal rearrangement.

After CFM[12] approved tele-counselling and tele-monitoring and further ratification by the Ministry of Health[13], tele-medicine must be seen as an important ally in the current moment.

The communication among the processes, especially in this period, is an essential instrument to fulfill the objectives.

The consultations in the several processes in the unit must be evaluated constantly to make sure the goals are being met.

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Outpatient

- Keep first time consultations at the unit and schedule referral as soon as possible.
- Contact the patients through voice call or video call for tele-monitoring and tele-advice about the clinical condition and control of symptoms gradually for all the patients to be monitored. Every consultation must be entered in the chart.
- Avoid in-person consultations in case the patient presents controlled symptoms. Provide new prescription preferentially to a relative or designee to avoid interruption of the treatment. Possible adjustments through safe tele-orientation are allowed.
- On the eve of in-person consultation, attempt to know whether the patient and its relatives present any suggestive symptoms of infection by COVID-19. In case of suspicion, evaluate the necessity of keeping the in-person consultation. Preferentially, the consultation must be rescheduled for 14 days after the onset of the symptoms; if not possible, inform the team to proceed to the proper isolation of the unit.
- Track the suspected cases of COVID-19 and provide guidance about isolation, severity and referral for in-person consultation. Send to the physician of Prompt Care Unit (PCU) the list with these patients for knowledge and actions, in case of spontaneous demand.

Home care

- Gradually, conduct tele-orientation and tele-monitoring of the patients in home care so every patient is followed up remotely.
- Prioritize in-person consultation to patients with uncontrolled symptoms, postponing medical visits for patients in controlled conditions.
- Preferentially, provide the patient's relative or designee a new prescription to avoid interruption of the treatment.
- Track suspected cases of infection by COVID-19 and guide patients and/or relatives about isolation, severity and referral for in-person care. Send to the physician of the PCU the list of these patients for knowledge.

Prompt care unit

- Perform pre-screening to detect the presence of symptoms suggestive of infection by COVID-19 prior to entry in the facilities. Refer suspected cases to the isolation rooms and resume the consultation. Make sure the secrecy physician-patient is respected.
- Avoid hospitalizations of non-severe suspected cases as recommended by the sanitary authorities[10].
- Identify the patients with symptoms that can be resolved with medication adjustments and tele-monitoring support. These patients should be provided new prescription with the correct medication or home care for follow up.
- Attempt to reduce the time the patient remains in bed at the PCU because of the expected demand increase.
- Define the necessity of hospitalization and speed up the documentation for the patient to be admitted as soon as possible and leave the PCU. In case of suspicion, the patient will be initially hospitalized in the facility to vacate the bed for further definition whether the patient will continue in the unit or referred according to the state regulation system.
- Report suspected cases as guided by the Hospital Infection Control Commission (HICC). The health professional who receives the patient for the first consultation is responsible for the notification. If not possible, inform the HICC and the hospitalization team to prevent legal omission.
- Receive from the outpatient and home care teams the list of patients with suspected clinical status for knowledge and optimization of the protection of the professionals and other patients, if there is spontaneous demand for consultation. Make sure the secrecy physician-patient is respected.

Hospitalization

- Assign an area for hospitalization of suspected cases of COVID-19 infection.
- Avoid in-person family consultations. Guidance must be provided individually to relatives and companions with empathy and availability.
- Respect visiting restrictions as determined by the unit.
- Issue daily log of patients hospitalized with suspicion of COVID-19, since they should not be accompanied by anyone. Pay attention because some relatives need more involvement and summon the supporting team to assist.

Additional guidance

- The caring team and HICC must be aligned in relation to guidance and training.
- Try to create a communication channel for the team members to facilitate the fast access and information sharing. The use of applicative that allow in-group communication is one of the options. Pay attention for unrelated information, respect work-shift and secrecy of occasional information about the patients.
- Prescription of nebulizers and supplementary oxygen therapy for suspected cases must be limited to actual necessity because of formation of aerosol and increase

of risk of infection of COVID-19. Prescription of capillary blood glucose must be done cautiously because for technical reasons it is difficult to clean the device.

- The measures taken initially must be evaluated and adjusted continuously as needed.

CONCLUSION

Caring for patients in oncologic palliative care needs to be continuous despite the difficult moment. Currently, the use of technology can be an important ally. Provide safe environments for professionals and patients who need in-person consultation, either at home or hospital is mandatory for every healthcare service. Receive patients and relatives during the course of the oncologic disease cannot be neglected. The strategies adopted must be regular and continuously evaluated and readjusted.

CONTRIBUTIONS

Simone Garruth dos Santos Machado Sampaio participated of the conception and wording of the manuscript. Andrea Marins Dias and Renata de Freitas participated of the conception and review with intellectual contribution. All the authors approved the final version published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare

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