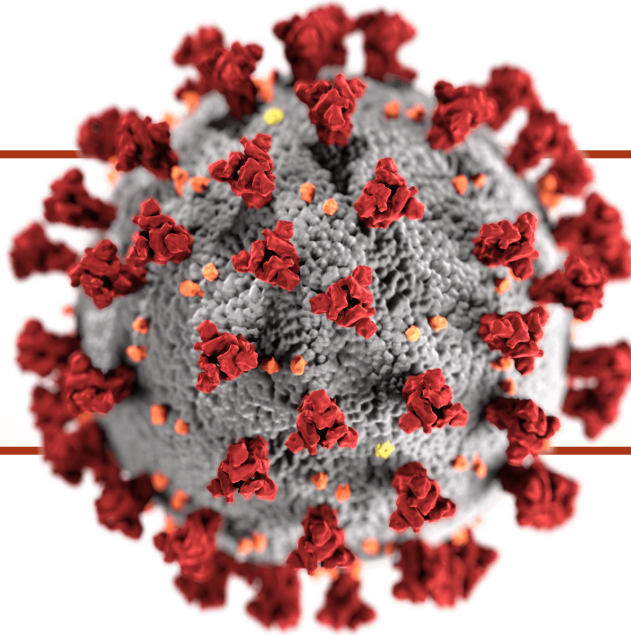


COVID-19



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6

**Ethics and
Standards of
Care**

7

**Mental Health
in a
Pandemic**

8

**Pediatrics
and
Pregnancy**

6

Ethics and Standards of Care



1 Feb 2021

RNnext.com

A self-study guide: *All references have active hyperlinks.*

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DNP, RN



Who will take care of
this patient?

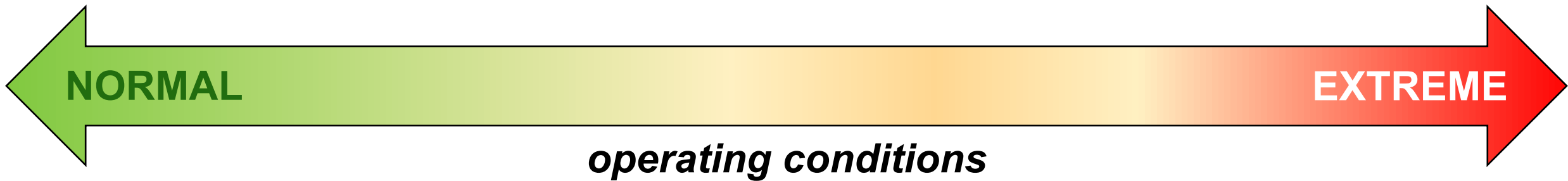
Are there enough
supplies? (PPE, etc.)

Main challenges
during COVID-19:
**staff & supply
shortages...**



Standards of Care:

conventional ↔ contingency ↔ crisis



PATIENT Centered Practice

*focuses on
clinical ethics
under
normal conditions*

PUBLIC / COMMUNITY Centered Practice

*promotes
moral equality (intrinsic value) of persons
& equity (fairness related to need)
in distribution of risks and benefits in society*

	Conventional	Contingency	CRISIS
SPACE	Usual patient care space fully utilized	Patient care areas re-purposed <ul style="list-style-type: none"> <i>PACU, monitored units for ICU-level care</i> 	Non-patient care areas used for care (<i>classrooms, hallways, etc</i>) <ul style="list-style-type: none"> <i>Facility damaged/unsafe or patient volume so high</i>
STAFF	Usual staff called in and utilized	Staff extension <ul style="list-style-type: none"> <i>brief deferrals of non-emergent service</i> <i>supervision of broader group of patients</i> <i>change responsibilities, documentation, etc</i> 	Trained staff unavailable or unable to adequately care for volume of patients even with extension techniques
SUPPLIES	Usual & cached supplies utilized	Supplies: conservation, adaptation, & substitution <ul style="list-style-type: none"> <i>with occasional re-use of select supplies</i> 	Critical supplies lacking <ul style="list-style-type: none"> <i>reuse authorized</i> <i>possible reallocation of life-sustaining resources</i>
STANDARD OF CARE	USUAL care	FUNCTIONALLY EQUIVALENT care	CRISIS standards of care

Normal
operating
conditions

Indicator(s) for next level of care

Trigger(s):
Decision point for
contingency care

Indicator(s) for next level of care

Crisis care trigger(s):
Decision point for
crisis standards of care

Extreme
operating
conditions

Crisis Standards of Care (CSC)

Do not think of CSC as a light switch that we flip on and off.



CSC is a **SET OF TOOLS** that can be applied to the clinical situation...



— *John L. Hick, MD, Professor of Emergency Medicine, University of Minnesota*

PATIENT CARE STRATEGIES FOR SCARCE RESOURCE SITUATIONS



Review & Reflect

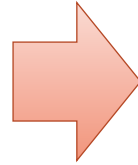
by yourself or in small groups:

- *nutrition support*
- *med administration*
- *hemodynamic support & IV fluids*

<https://www.health.state.mn.us/communities/ep/surge/crisis/standards.pdf>

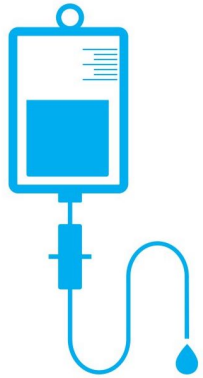
SUPPLY shortages:

① IV pumps

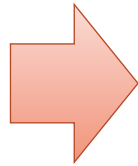


- Save pumps for critical care use only
- Hang IV hydration by gravity
 - Calculate drip rate & use “time tape” to help track how much fluid has infused

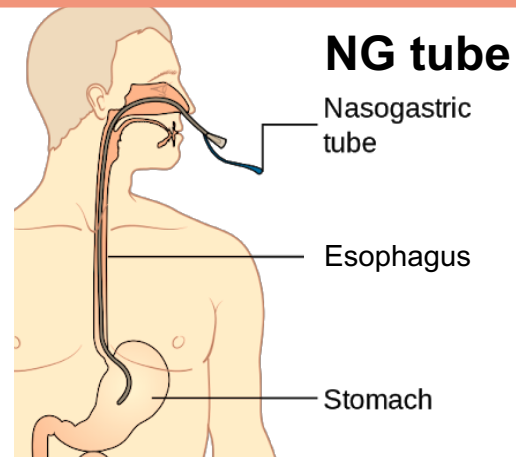
②



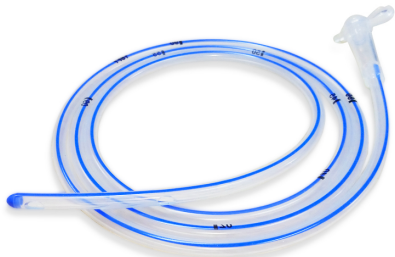
IV supplies
(bags, tubing)



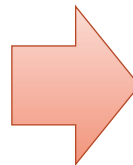
Change from IV to NG route
for hydration & meds



③



NG tubes
or other supplies

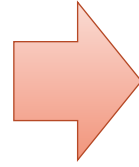


Sterilize/disinfect, then reuse for new patient

- Also: oxygen tubing, ventilator circuits, etc.

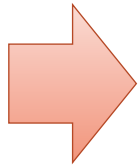
④

Airborne Infection Isolation Rooms



Make AIRs semi-private: group patients w/ same disease together

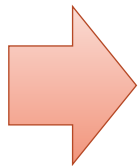
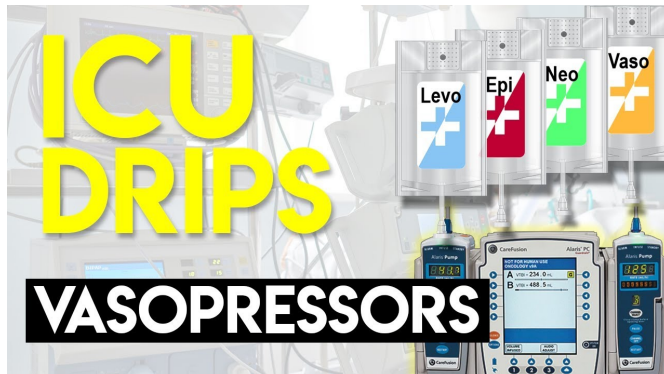
⑤



Use blenderized food & fluids for tube feeding

- *Facility cafeteria can create from recipes*
(see [Oley Foundation, 2020](#))

⑥



Substitute epinephrine (“adrenaline”) if shortages of other vasopressors*

**continuous, titrated IV meds to prevent cardiovascular collapse, death*



Strategies for Optimizing Supply of N95 Respirators

CDC continuously updates guidelines for each of the 3 stages...

[Click here: \(CDC, 2020e\)](#)

Conventional
Contingency
CRISIS

STAFF shortages:

1

Focus on core clinical duties

- Reduce documentation
- Reassign tasks to less trained staff *with appropriate mentoring and just-in-time training*
- Utilize family members or volunteers (if allowed in facility) for basic hygiene, feeding

2

Utilize staff differently

- Longer but fewer shifts
- Specialty staff oversee larger numbers of less-specialized staff & patients
 - ICU nurse oversees critical care issues of 9 patients -- with team of 3 med-surg nurses providing basic nursing care

3

Activate all health care workers

- Call up inactive/retired nurses
 - Review state guidelines here: [NCSBN, 2020](#)
- Medical Reserve Corps
- Healthcare trainees (medical or nursing students)

**RATIONING IS THE LAST RESORT:
everything will be done to prevent rationing care.**



ETHICAL RATIONING

due to scarcity of resources

Should be based on:

- **risk of mortality & serious morbidity** *(illness / impairment)*
- **likelihood of good or acceptable response to resource**
- **risk of transmitting infection** *(allocation of PPE)*
- **irreplaceability of key workers** *(MDs, nurses, respiratory therapists, etc.)*

DO NOT RATION BASED ON

- Race, gender, religion or citizenship
- Ability to pay
- First-come, first-served
- Judgments that some people have greater **quality of life** and/or “**social value**” than others (*disabilities, etc.*)
- Age as criterion in and of itself (*this does not limit considering patient’s age in clinical prognostication*)
- Predictions about baseline life expectancy unless patient is imminently and irreversibly dying
Example: a 35 y/o adult has “more life to live” than a 55 y/o adult

ETHICAL RATIONING: *Best Practices*

Regional cooperation among facilities *to plan & prevent*

Separate triage/rationing decisions from bedside care

- *Use a triage or ethics team so bedside clinicians can advocate for their patients & still follow CSC*

Use consistent and transparent standards

- *Utilize clinical criteria & frameworks from state and federal level*
- *Ideally created in consultation with community in advance*

“Nurses must decide how much high-quality care they can provide to others while also taking care of themselves & their loved ones.”



ANA
AMERICAN NURSES ASSOCIATION

**NURSES, ETHICS AND
THE RESPONSE TO
THE COVID-19
PANDEMIC**

**Review and
discuss in
your small
groups.**

NURSES: *Ethical Challenges*

Safety

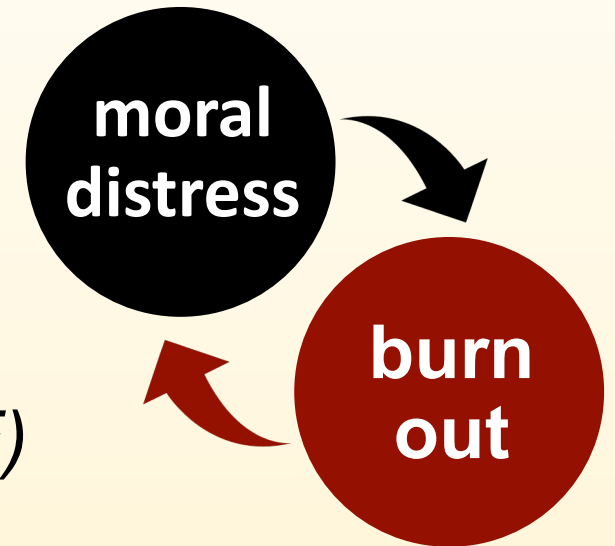
- Expanded nurse-to-patient ratios
- Conditions of inadequate protection (*lacking PPE*)

Allocation of resources

- Emergency triage (*repeated over length of care*) during CSC
- Reallocating resource (*vent, ECMO, etc.*) from patient not improving

Relationships

- Isolation can create “dehumanizing” situations that cut patient off from loved ones, even while dying
- Self-care neglected while caring for overwhelming needs of others





Code of Ethics for Nurses

Provision 5: Self-Care & COVID-19

[ANA, 2020a](#)

- **Code of Ethics for Nurses with Interpretive Statements**
nursingworld.org/code-of-ethics
- **Healthy Nurse Healthy Nation**
nhhn.org
- **ANA COVID-19 Webinar Series**
bit.ly/2XMf0GP
- **American Nurses Foundation Well-Being Initiative**
nursingworld.org/thewellbeinginitiative

7

Mental Health in a Pandemic



1 Feb 2021

RNnext.com

Raney Linck
DNP, RN



A self-study guide: *All references have active hyperlinks.*

ISOLATION, STRESS, *and* MENTAL HEALTH

**US COVID pandemic has a
sinister shadow—
drug overdoses**

[\(Arnold, 2020\)](#)

**As COVID-19 surges,
AMA sounds alarm on
nation's overdose epidemic**

[\(AMA, 2020\)](#)

COVID+ and PUIs

(Persons Under Investigation for COVID-19) are placed in isolation.

“It’s not easy being a patient, especially in your own hospital.”

Laura Mulvey, MD
in ICU isolation unit in Brooklyn, NY 3/26/20

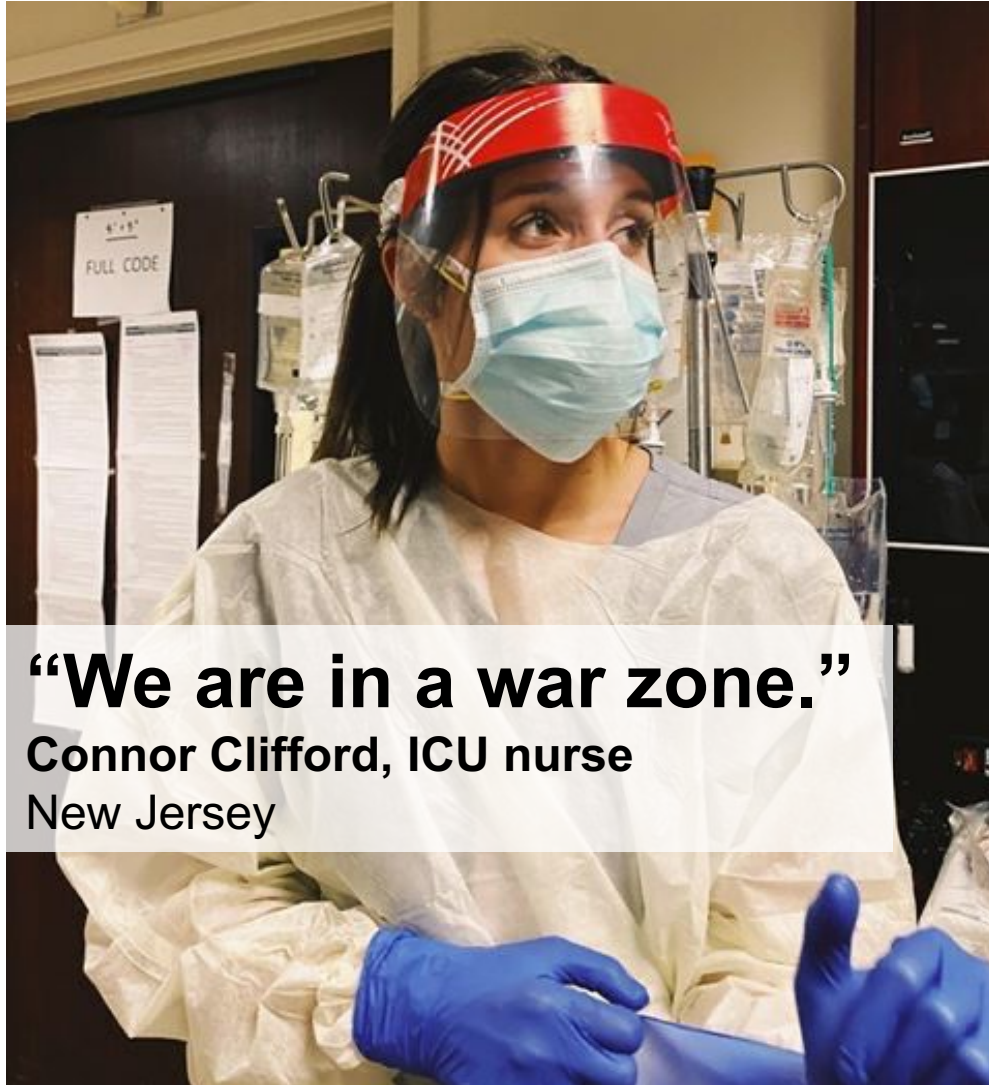
[Mulvey, 2020](#)



How does this make you feel?



People are feeling ISOLATED and ALONE ...



“We are in a war zone.”

Connor Clifford, ICU nurse
New Jersey

COVID-19 patients limited primarily to contact with a

nurse: “their only bridge to the outside world and their only hope”

—otherwise speaking to MDs & family through glass or video.

David Thrasher, MD
Alabama

A photograph of a hospital room. In the foreground, a woman (the mother) is lying in a hospital bed, wearing a white protective gown and a clear face shield. She is looking towards a computer monitor. The monitor is on a stand and displays a video of a newborn baby lying in a hospital bed, wearing a white cap and having medical sensors attached. A healthcare worker in full blue protective gear, including a cap, mask, and gloves, stands next to the monitor, looking at the screen. In the background, another person in white protective gear is visible through a glass partition. The room has red curtains and medical equipment.

**A mother with COVID-19 views
her newborn by video, because
she cannot visit him in person.**

New York

Watch video: [Fink et al., 2020](#)

SELF-CARE is a precaution.

**If you deplete
yourself,
who will
provide quality
nursing care?**

ANA Code of Ethics for Nurses

(Provision 5)

**“The nurse owes the same
duties to SELF as to others:**
including the responsibility to
promote health and safety, preserve
wholeness of character and integrity,
maintain competence, and continue
personal & professional growth”

[ANA, 2020a](#)

HALT! to prioritize self-care and maintain a healthy work environment



How do you support healthy habits to:

- *Eat & drink regularly*
- *Vent feelings, diffuse conflict*
- *Reach out beyond isolation*
- *Promote healthy sleeping*

PPE Portrait Project

*artist Mary Beth Heffernan & nurse Zoe Dewalt
Paynesville, Liberia
Ebola epidemic, 2015*



*nurse practitioner Michaela Agbesi
Massachusetts, USA
COVID-19 pandemic, 2020*

How to Make and Apply PPE Portraits

What you'll need



SMARTPHONE



PRINTER



LABELS or PAPER

STEP 1

CREATE PORTRAIT

- Plain background
- Lighting: indoors or shade
- Look directly into the lens—offer the smile you want patients to see
- Use Portrait Setting on smartphone



Hold phone out and use zoom

STEP 2

ORGANIZE/PRINT

- Non-glossy paper is best

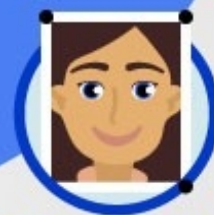


Four pics per page on labels or plain paper

STEP 3

AFFIX PORTRAITS

- At chest level, 'from the heart'
- SINGLE USE FOR HIGHER RISK SETTINGS**
- After donning, place the portrait before entering patient area
 - Discard during doffing
- MULTIPLE USE IN LOWER RISK SETTINGS**
- Disinfect daily like a name badge



Matte lamination, attached top and bottom

[Stanford Medicine, 2020](#)

Isolation is NOT just in the hospital...



**Work and
school from
home...**

**Avoiding crowds
& non-essential
travel...**

**Separates us
from friends &
family.**

[image](#)

During late June, 40% of US adults reported struggling with mental health or substance abuse

- **Anxiety/Depression Symptoms 31%**
 - **Anxiety symptoms 3 times higher** than reported in 2019.
- **Trauma/Stressor-Related Disorder Symptoms 26%**
- **Started or Increased Substance Use 13%**
- **Seriously Considered Suicide 11%**
 - **Suicidal ideation rates highest:** *unpaid caregivers for adults (31%), 18-to-24 years old (26%), Hispanic (19%), Black (15%) respondents*

Don't wait for a crisis point – Intentionally build a strong **Social Support Network**

Build virtual ways to connect now.

Social media, video tools, text chains – find what works best for all of you...

- 1. Stay in touch.** *Answering calls & texts, returning messages and reciprocating lets people know you care.*
- 2. Be a good listener.** *Find out what's important to friends and family.*
- 3. Let them know you appreciate them.** *Take time to say thank you and express how important they are to you.*
- 4. Give back.** *Be available for family and friends when they need support.*
- 5. Don't overdo it.** *Save those high-demand times for when you really need them.*



howrightnow.org

Emotional Help Resources

*A partnership of CDC &
other health organizations*



COVID Ready Communication

*For healthcare providers:
resource of practical tips
to communicate with honesty,
empathy, and compassion*

[VitalTalk, 2020](#)



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nhhn.org
- **ANA COVID-19 Webinar Series**
bit.ly/2XMf0GP
- **American Nurses Foundation Well-Being Initiative**
nursingworld.org/thewellbeinginitiative

The module is under development for next update (*1 March*). In the meantime, check out these resources:

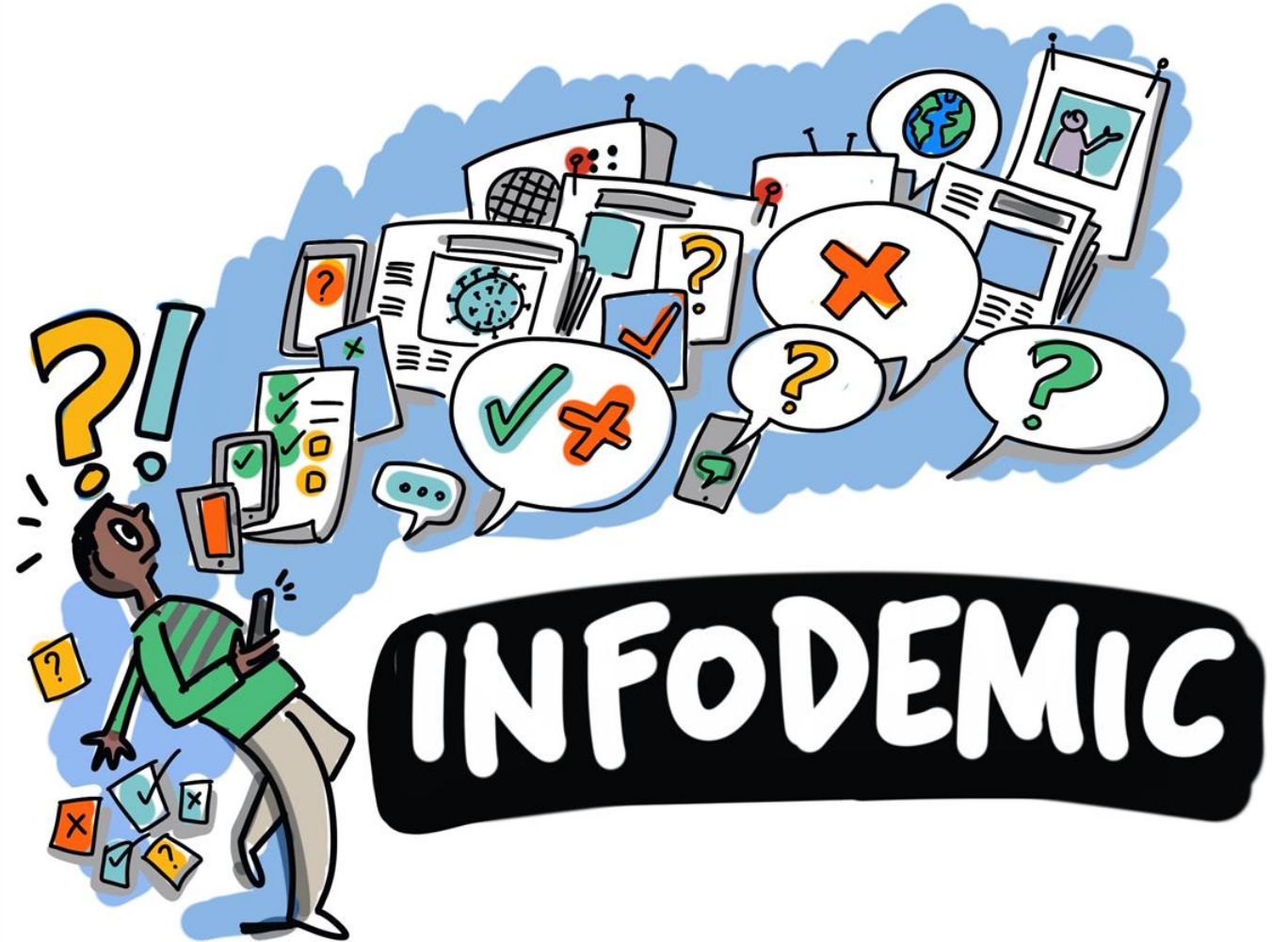
8

Pediatrics & Pregnancy

- **Risks for pregnant women and infants** (JAMA Pediatrics):
[Neonatal Early-Onset Infection With SARS-CoV-2 in 33 Neonates Born to Mothers With COVID-19 in Wuhan, China](#)
- **Complications in children** (Minnesota Department of Health):
[Multisystem Inflammatory Syndrome In Children \(MIS-C\)](#)

Please use your knowledge:
**Help manage the
“*infodemic*”**

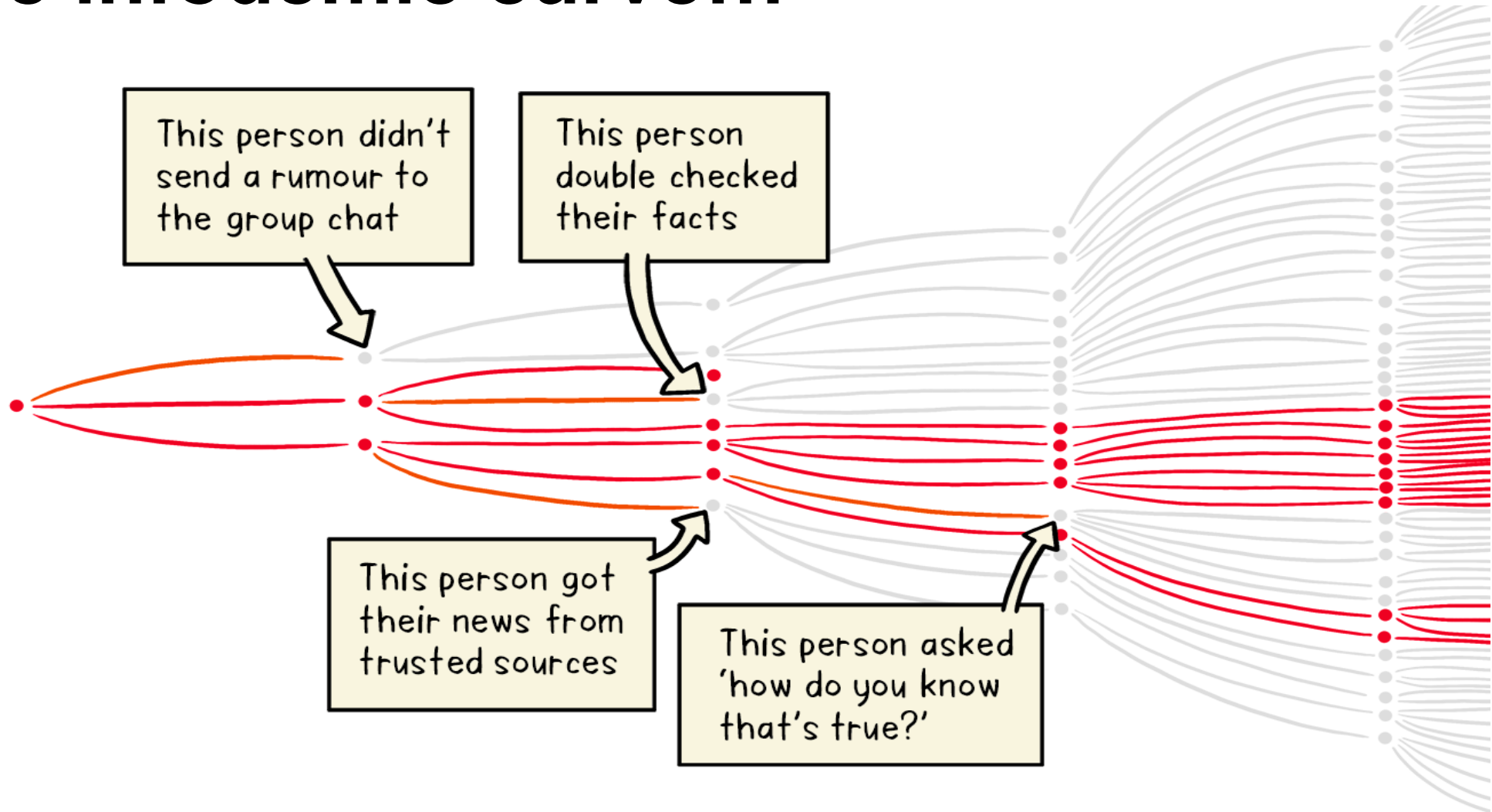
**Overabundance of
information – some
accurate and some not –
occurring during a
pandemic, which can
undermine public safety.**



WHO’s virtual global conference on Infodemic Management:

<https://www.who.int/teams/risk-communication/infodemic-management/3rd-virtual-global-who-infodemic-management-conference>

Misinformation is like a virus: do your part to
Flatten the infodemic curve...



IF YOU SEE COVID-19 MISINFORMATION

1 DON'T ENGAGE

If you reply, share, or quote misinformation, you help to spread it.

2 BLOCK THEM

If someone you don't know is sharing misinformation, block them.

3 MESSAGE PRIVATELY

If someone you know is sharing misinformation, message them privately and ask them not to.

4 REPORT

Report misinformation to platforms or group admins asking them to remove that content.

5 INSTEAD, SPREAD OFFICIAL ADVICE

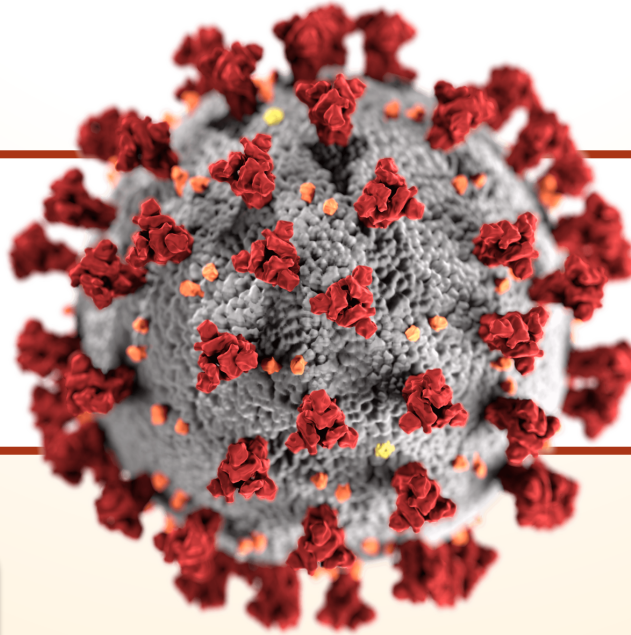
Drown out fake news by sharing official scientific advice, as well as posts promoting good causes in tough times.

www.counterhate.co.uk

Twitter @ccd hate | Insta @counterhate | FB @ccd hate

CCDH

COVID-19



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RN_{next}

1

COVID-19
Overview

2

Patho-
physiology

3

Transmission &
Precautions

4

Virus Testing
& Vaccines

5

Epidemiology
& Tracing

+

Ethics, Peds/OB
Mental Health

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