

COVID-19 and Critical Care

The National Institute for Health and Care Excellence (NICE) has this weekend provided rapid guidelines in relation to critical care (along with similar guidelines for kidney dialysis and systemic anticancer treatments).

These guidelines (found [here](#)) provide a critical care admission algorithm which centres on a calculation of a patient's Clinical Frailty Score (CFS). The algorithm can be found [here](#) and at the end of this document.

The guidance advises:

- Immediate assessment of a patient's frailty on admission to hospital including consideration of comorbidities and underlying health conditions – this applies regardless of age and COVID-19 status
- Early robust care planning and discussion of treatment options and likely outcomes with patients, families and carers
- Early involvement of critical care teams in discussions about admission to critical care
- Sensitive discussion with patients of increased frailty of a possible DNACPR decision including the possible risks and benefits of critical care treatment options and the likely outcomes
- When critical care treatment is commenced, this must be supported by a clear treatment plan setting out how the treatment will address the diagnosis with clear treatment goals
- Stopping critical care treatment when it is no longer considered able to achieve the desired overall goals
- Decisions to admit to critical care should be based on the likelihood of recovery, taking into account the likelihood that a person will recover to an outcome that is acceptable to them
- Decision support forms should be used for the recording of the decision-making process
- Trusts are encouraged to review both their strategies and their resources to ensure the best use of critical care within the NHS

In relation to stopping treatment, the guidance is careful to note that discussions with the patient (if possible), family and carers must be recorded. Whilst a patient (or family member) cannot dictate treatment, a patient's wishes are key as to any assessment of futility. Clinicians will need to exercise extreme caution in relation to decisions to stop treatment. Careful treatment planning at the commencement of critical care treatment will be crucial when considering the legalities of withdrawing treatment. When proposed cessation of treatment is against the clear and expressed wishes of the patient or the family, advice should be sought.

