

Patient/Family Information Sheet on Ventilator Use Due to COVID-19

This information sheet is to help you and your loved ones understand what the use of a ventilator means in the event of critical illness from COVID-19 (Coronavirus) infection and to help patients and family members in their discussion and decision with healthcare professionals about using a ventilator in the event of critical illness from COVID-19 (Coronavirus) infection. The purpose of this information sheet is NOT to ration use of ventilators (breathing machines).

Three Key Principles



First and foremost, healthcare professionals have as their primary goal to **save lives**.



Second, healthcare professionals have a strong commitment to **relieve suffering** and discomfort.



Third, and perhaps the most delicate of the three principles, healthcare professionals try **not to CAUSE undue suffering** and discomfort while they are treating patients.

ALTHOUGH VENTILATORS CAN BE LIFESAVING, THIS THERAPY IS NOT ALWAYS SUCCESSFUL.

Survival rates* of those who need a ventilator during critical illness due to COVID-19 are approximately 50%. This means if two patients are put on ventilators, only one will survive.

Survival rates are higher for people who are younger or who don't have medical problems, even those usually considered "well-controlled" with medicines, such as high blood pressure or diabetes.

Survival rates are lower for those who are older, frail, or who have chronic medical problems such as heart failure and lung problems like COPD.

* Survival rates = percent of patients who live.

ALTHOUGH VENTILATORS CAN SUPPORT BREATHING WHILE A PATIENT TRIES TO RECOVER, BEING ON THIS MACHINE IS NOT EASY.

The use of a ventilator causes some suffering and discomfort and may have long term bad effects on the lungs and air passages.

The endotracheal tube (a flexible plastic tube usually inserted through the mouth and into the lungs) is uncomfortable. Medications are often used to relieve discomfort, but these medications decrease consciousness and awareness.

Often during critical illness requiring a ventilator, patients experience confusion, also called delirium. Sometimes delirium is associated with permanent problems thinking.¹

While on a ventilator, patients may inadvertently try to pull out the endotracheal tube, which can be harmful. Because of this, the patient's hands are often gently tied down. This inability to get up and move around can lead to a loss of strength or even the ability to walk around after the tube is removed, both during hospitalization and recovery.^{2 3}

CONCLUSION

The goals of healthcare professionals are to save lives and relieve suffering and discomfort, while being careful not to cause suffering and discomfort during the treatment of patients.

Each patient is different and will have their own health issues that may affect this decision. This information sheet is intended to help you understand the issues around being on a ventilator so that you may have a discussion with your healthcare professional about whether it is right for you.

If you have a "DNR" (Do-Not-Resuscitate) order, an Advanced Directive, or other healthcare wishes please let the health care team know this information immediately.

¹ See <https://www.icudelirium.org> for more information

² See <https://healthmanagement.org/c/icu/issuearticle/outcomes-after-1-week-of-mechanical-ventilation-for-patients-and-families> for more information

³ See <https://www.nbcnews.com/health/health-news/post-intensive-care-syndrome-why-some-covid-19-patients-may-n1166611> for more information