

Guidance for Adult End of Life Visitation

Non-COVID patients:

Four (4) individuals approved for a Goals of Care meeting:

- Determine date, time, expected duration of the meeting and visit and specific names of individuals attending. This should include HCPOA/legal decision-maker.
- +/- one follow-up meeting allowed to provide the family members time to absorb information and/or discuss with others prior to a second conversation with the same four (4) individuals with providers and staff.

Inform approved visitors this is a one-time approval for this meeting. After the meeting, the one (1) designated visitor is able to return during the approved visitation hours.

Four (4) individuals are allowed to visit a DNAR patient who is having removal of acute life-sustaining support and/or transitioning to comfort care.

Examples include (but are not limited to):

- One way extubation (extubation with change to “Do not intubate” if they do not tolerate extubation)
- Removal of vasoactive medications to sustain vital signs
- Removing/ turning off LVAD
- Turning off ECMO

If the time period of withdrawal to death extends beyond a day, the care team should provide recommendations to the OA for visitation based upon the clinical condition of the patient:

- Visitors allowed to return later when VS are deteriorating
- An exception to allow the one (1) designated visitor to stay beyond regular visiting hours (1 p.m.-9 p.m.)

Four (4) individuals approved for a floor or ICU DNAR patient with clinical deterioration such as unstable vital signs.

Four (4) individuals for a full Code patient with “clinical deterioration,” where aggressive treatment is failing, such as:

- Uncontrollable bleeding
- Escalating ventilator requirements near or at maximum
- Significant increase in vasoactive medications
- Status post Cardiac Arrest

COVID patients:

Two (2) individuals approved for a patient who is being transitioned to comfort care with the removal of high-level supportive care such as one way extubation or discontinuation of high dose vasoactive medications; DNAR/comfort care patient who, in the opinion of the care team is experiencing the terminal phase of illness with final deterioration of vital signs.