

Adapted for Pediatrics from: COVID-ready communication skills: A playbook of VitalTalk Tips

Please see original document for further background:

<https://www.vitaltalk.org/guides/covid-19-communication-skills>

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Using these tips

This is a super-concentrated blast of tips focused on COVID. We've pared away all the usual educational stuff because we know you're busy. If you want more, check out the talking maps and videos on [fundamental communication skills](#), [family conferences](#), and [goals of care](#) at vitaltalk.org.

As the pandemic evolves, the caseload in your region will determine whether your clinic or hospital or institution is 'conventional' mode (usual care), 'contingency mode' (resources stretched although care functionally close to usual), or 'crisis' mode (demand outstrips resources). Most of the tips here are for conventional or contingency mode.

If your region moves to [crisis standards](#), how medicine is practiced will change dramatically—triage decisions will be stark and choices will be limited. For now,

please note that the **crisis mode tips** are marked **[C]** and should be reserved for a **crisis** designated by your institution. And remember that even in a crisis, we can still provide compassion and respect for every person.

Some of the communication tips in this document depict ways to explain resource allocation to a patient, family or caregiver. However, note that decisions about how resources are allocated—what criteria are used or where lines are drawn—should happen at a different level—at the regional or state or country level. **Rationing should not occur at the bedside.**

Screening

When someone is worried they might be infected

<i>What they say</i>	<i>What you say</i>
Why aren't you testing everybody?	We don't have enough test kits. <i>I wish it were different.</i>
Why do the tests take so long?	The lab is doing them as fast as they can. <i>I know it's hard to wait.</i>
How come [person(s)] got tested?	I don't know the details, but what I can tell you is that guidelines continue to evolve because the situation is changing so fast. <i>These rapid changes are stressful for everyone.</i>

Triaging

When you're deciding where a patient should go

<i>What they say</i>	<i>What you say</i>
Why shouldn't I just take my child to the emergency room?	Our primary concern is your safety. We are trying to organize how people come in. Please fill out the questions online (or follow the process). <i>You can help make the process safer and faster for yourself and everyone else.</i>
Why aren't you admitting my child?	<i>I imagine you are worried and want the best possible care.</i> Right now, the hospital maynot be the right place unless you really, really need it. <i>The safest thing for you and your child is to be at home.</i>

Admitting

When your patient needs the hospital, or the ICU

<i>What they say</i>	<i>What you say</i>
Does this mean my child has COVID19?	We will need to test them with a nasal swab, and we will know the result by tomorrow. It is normal to feel stressed

	when you are waiting for results. Our team is prepared to take excellent care of [child's name] no matter what.
I just want to take my child home!	Based on the information you have shared with me and after examining [child's name], I think the safest place to care for her/him is in the hospital. I know this is not the news you were hoping for.
Is my child going to die?	Low risk: Any parent in this circumstance would be worried. I think that we can support [child's name] through this illness. I promise to be honest with you if I become more worried. High risk/Multiple risk factors: Any parent in this circumstance would be scared. I am worried that because [child's name] has [chronic condition(s)], s/he is at an increased risk of dying. I promise to be honest with you if I become more worried.
Are you saying that only one parent can be in the hospital?	I know it is hard to not have both of you here. I wish things were different. Please use your phone to video chat, although I realize that it is not quite the same.
How can you not let me in for a visit?	The risk of spreading the virus is so high that to protect you and the other patients in the hospital, we cannot allow (more) visitors. We can help you be in contact electronically. <i>I wish I could let you visit. I can't imagine how hard it is to be separated from your child at this time. Sadly, it is not possible now.</i>

For children with life limiting conditions:

Preferencing When families wish to intentionally avoid the hospital

<i>What they say</i>	<i>What you say</i>
I realize that my child is fragile even without this new virus. We want to stay at home because I'm afraid of him/her getting sick in the hospital.	Thank you for telling me what you are thinking. What I'm hearing you say is that you would prefer to stay at home because you fear [child's name] is at greater risk in the hospital. I'm worried about that too. We need to think together now about what we will do if [child's name] gets sicker at home.

<p>Right now they are fine on extra oxygen and every two hour breathing treatments so we are staying home. But, if my child has more trouble breathing, then we are coming right to the ER.</p>	<p>You feel comfortable with the home care plan: I hear that you feel comfortable now. Let's hope for the best and prepare for the worst. Can we make a plan for when you would call 911?</p> <p>You do NOT feel comfortable with the home care plan: I hear that you feel comfortable now. I am worried that if [child's name] worsens that s/he could get much sicker and even die before you could get to the hospital. I know you want to stay at home; I want to make sure we are planning ahead to take the best care of [child's name].</p>
<p>I know my child could die from this. If that happens, I want my family to be together, at home.</p>	<p>You are making a brave and loving decision. I want to make sure you have the tools and resources you need to make sure [child's name] is comfortable no matter what happens. Is it OK to talk about that?</p>

For children with life-limiting conditions:

Preferencing When families wish to intentionally avoid the ICU

<i>What they say</i>	<i>What you say</i>
<p>I know my child is getting sicker. I really don't want him/her to go to the ICU.</p>	<p>Thank you for telling me that. What I am hearing is that you would rather not have your child go to the ICU if they got more sick. . Did I get that right?</p>
<p>Yes. <crying></p>	<p>Any parent thinking about this would be upset. Thank you for trusting the team enough to discuss this. <pause> There are certain tools (such as ventilators) that we only use in the ICU. Choosing to NOT go to the ICU means that we will continue to use the tools we are using. I hope that these tools are helpful; I worry that [child's name] could continue to get sicker and may die. <pause> We will support you and your child wherever you are.</p>

I don't want my child to come to the end of their life being kept alive on a machine.	That's a loving choice. Here's what I'd like to propose. We will continue to take care of your child. The best case is that they recover with our current treatments. The worst case is that they will get more sick despite our treatments—and then we will prioritize [child's name] comfort as long as they are with us.
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Counseling **When coping needs a boost, or emotions are running high**

What they say	What you say
I'm scared.	This is such a tough situation. <i>I think anyone would be scared.</i> What scares you the most? <listen, then ask> What else scares you?
I need some hope.	Any parent in this circumstance wants to hold onto hope. Tell me about the things you are hoping for? <listen for their response, then ask> What else are you hoping for?
You people are incompetent!	I hear you are frustrated. You are clearly such a strong advocate for your son/daughter. <i>I am willing to do what is in my power to improve things for you.</i> What could I do that would help?
I want to talk to your boss.	Any parent in this circumstance would want to advocate for their child. <i>I will ask my boss to come by as soon as they can. Please realize that they are juggling many things right now.</i>
Do we need to say our goodbyes? (when prognosis is unclear or a parent must leave the bedside due to visitor restrictions)	I'm hoping that's not the case. I also worry that time could be shorter than we hope. What are the most important things you want to share?
Do we need to say our goodbyes? (when prognosis is clearly poor)	I worry that she may not have much time left. It would be a good idea to share anything you haven't already said.

Deciding **When things aren't going well, goals of care, code status**

What they say	What you say
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I want everything possible for my child! I want them to live!	We are doing everything we can. I can't imagine how frightening this is. It would help me to take a step back for a moment so I can learn more about your worries? <i>What do I need to know about your family to do a better job taking care of your child?</i>
I don't think this is the right thing for my teen/young adult. She never would have wanted this.	Thank you so much for sharing what is important to your child and family. What do you think they would have wanted in this circumstance? Can you tell me what they considered most important in their life? <i>What meant the most to them, gave their life meaning? What does it mean for you to be a good parent to them now?</i>
I don't want my child to end up being a vegetable or on a machine.	Thank you, it is very important for me to know that. <i>Can you say more about what you are worried about?</i>
I am not sure what my teen/young adult would have wanted—we never spoke about it.	You know, many people find themselves in the same boat. This is a hard situation. To be honest, given their overall condition now, if their heart stops and we try CPR, I worry they will not survive. The odds are just against us. <i>My recommendation is that we accept that he will not live much longer and allow him to die peacefully.</i> We can assure you that we will do everything we can to keep him comfortable.

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Resourcing

When limitations force you to choose, and even ration

What they say	What you say, and why
Why can't my child go to the ICU?	<i>This is an extraordinary time. We are trying to use resources in a way that is fair for everyone.</i> Your child's situation does not meet the criteria for the ICU today. I wish things were different. If things change, I promise I will let you know. [C]

<p>Shouldn't my child be in an intensive care unit?</p>	<p>That is a really great question. Their situation does not meet criteria for the ICU right now. <i>If this were a year ago, we might be making a different decision. This is an extraordinary time.</i> The hospital is using special rules about the ICU because we are trying to use our resources in a way that is fair for everyone. I wish we had more resources. [C]</p>
<p>My child needs the ICU! Or she is going to die!</p>	<p>I know this is a scary situation, and I am worried for your child myself. <i>This virus is so deadly that even if we could transfer her to the ICU, I worry s/he would not survive.</i> <pause> We will do everything we can for her outside of the ICU, including XXX and ensuring she is comfortable. [C]</p>
<p>Are you just discriminating against her because she is XX/has xx?</p>	<p>I can see how it might seem like that. Because of extremely limited resources we cannot meet everyone's need and so incredibly difficult decisions have had to be made. <i>We are using guidelines that were developed by people in this community to prepare for an event like this that took into account many factors, not just your child's X condition.</i> The guidelines have been developed over the years, involving health care professionals, ethicists, and lay people to consider all the pros and cons. Any parent would want to advocate for their child. Unfortunately I cannot bend the rules that have been put in place. If something changes, I promise to let you know. Let's discuss what we can do for your child, including keep her comfortable. [C]</p>
<p>You're treating us differently because of the color of our skin.</p>	<p><i>I can imagine that you may have experienced many unfair things in your life because of your race and agree that it is totally unacceptable.</i> The situation today is that our medical resources are stretched so thin that we are using guidelines that were developed by people in this community, including people of color, so that we can be fair. I do not want people to be treated by the color of their skin either and can guarantee you that race is not a factor in deciding what treatments are available to your child. [C]</p>
<p>It sounds like you are rationing.</p>	<p>Given the extraordinary circumstances we're in, we are trying to spread out our resources in the best and fairest way possible. <i>This is a time where I wish we had more for every single person in this hospital.</i> [C]</p>
<p>You're playing God. You can't do that.</p>	<p>I can imagine it might feel that way. This is an impossible situation and I am sorry. <i>Across the city, every hospital is working together to try to use resources in a way that is fair for everyone. I realize that we don't have enough and this is a tragic situation for so many.</i> I wish we had more. Please understand that we are all working as hard as possible. [C]</p>

Can't you get 15 more ventilators from somewhere else?	I really wish we could. Our administrators have been advocating for more supplies for weeks/months. Right now the hospital is operating over capacity. If more supplies become available, we will do our best to provide those resources to families as soon as possible. I can't imagine how difficult that is to hear. [C]
How can you just take them off a ventilator when their life depends on it?	I can't imagine how frightening this news is. I wish she had responded better to our treatments. Because she has continued to get worse, despite all available treatments, we worry that she may die soon, even on the ventilator. Because we are in an extraordinary time, we are following special guidelines that apply to everyone here. We cannot continue to provide critical care to patients who are not getting better although I wish things were different. We will focus on your child's comfort as the highest priority. [C]

Notifying

When you are telling someone over the phone of a patient's death

What they say	What you say
Yes I'm his parent. I am 5 hours away.	I have something serious to talk about with you. Are you in a safe place where you can talk?
What is going on? Has something happened?	I am calling about your child. He died a short time ago. The cause was COVID19.
[Crying]	I am so sorry for your loss. [Silence][If you feel you must say something: Take your time. I am here.]
I knew this was coming, but I didn't realize it would happen this fast.	I can only imagine how devastating this must be. No parent is ever prepared for this kind of loss. [Silence] [Wait for them to restart]

Anticipating

When you're worrying about what might happen

What you fear	What you can do
That parent is going to be very angry.	Before you go in the room, take a moment for one deep breath. What's the anger about? Love, responsibility, fear?
I don't know how to tell this lovely person that I can't put her child in the ICU and that she is going to die.	Remember what you can do: you can hear what she's concerned about, you can explain what's happening, you can help her prepare, you can be present. These are gifts.
I have been working all day with infected people and I am worried I could be passing this on to the people who matter most.	Talk to them about what you are worried about. You can decide together about what is best. There are no simple answers. But worries are easier to bear when you share them.
I am afraid of burnout, and of losing my heart.	Can you look for moments every day where you connect with someone, share something, enjoy something? It is possible to find little pockets of peace even in the middle of a maelstrom?
I'm worried that I will be overwhelmed and that I won't be able to do what is really the best for my patients.	Check your own state of being, even if you only have a moment. If one extreme is wiped out, and the other is feeling strong, where am I now? Remember that whatever your own state, that these feelings are inextricable to our human condition. Can you accept them, not try to push them away, and then decide what you need?

Grieving

When your patient has died. When the stress is too much.

What I'm thinking	What you can do
I should have been able to save that person.	Notice: Am I talking myself the way I would talk to a good friend? Could I step back and just feel? Maybe it's sadness, or frustration, or just fatigue. Those feelings are normal. And these times are distinctly abnormal.
OMG I cannot believe we don't have the right equipment / how mean that person was to me / how everything I do seems like it's blowing up	Notice: am I letting everything get to me? Is all this analyzing really about something else? Like how sad this is, how powerless I feel, how puny our efforts look? Under these conditions, such thoughts are to be expected. But we don't have to let them suck us under. Can we notice them, and feel them, maybe share them? And then ask ourselves: Can I step into a less reactive, more balanced place even as I move into the next thing?