

Considerations for Palliative Intervention Procedures in the COVID Pandemic

Sir,

Cancer patients seek palliative care services for pain management and alleviation of various symptoms. To deliver prudent palliative care services, various procedures and interventions such as nerve blocks, neurolysis, pleurocentesis, paracentesis, and various image-guided procedures are being performed. When the whole medical system has been paralyzed by the COVID-19 pandemic, the availability and provision of these facilities has become challenging and prioritization should be done to utilize them judiciously.

As COVID-19 is hazardous for the health service provider as well as the seeker, all patients should be considered COVID-19 suspect and should be screened as per institutional guidelines before admission and performing any procedure. In wards, measures should be taken to avoid the transmission of infection to other patients and health-care provider. A screening area should be established at the entrance of institution along with a separate exit area. All health-care providers should be well trained for symptom recognition, screening procedures, and use of standard precautions and personal protective equipment. To avoid potential paper contamination, various documentations, such as clinical and procedural notes, consents, and nursing records, should be digitalized and protected with single-use plastic wraps.^[1]

A dedicated area should be established for performing procedures with a designated route of transport, to avoid cross contamination. A well-formulated plan for its decontamination and disinfection should be followed. During procedures, health-care providers should wear protective gears and patients should also wear surgical mask.^[2] Only necessary personnel, drugs, and equipment should be allowed in the procedural areas.^[3,4] Equipment such as ultrasound machine used for performing various procedures can be a potential source of transmission of COVID-19 infection. For decontamination

of equipment and disinfection of clinical area, institutional guidelines should be followed.^[5]

Postprocedural management and observation for complications should be done in the same designated area. Patients should be discharged from the same area along with the advice of general precautionary measures and follow-up plan. Patients should be educated about telemedicine and should be advised to follow it for minor concerns so that their hospital visits could be minimized.

With the above said, challenges to deliver palliative care efficiently can be met prudently, along with the avoidance of exhaustion of health-care system and provider.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Submitted: 23-May-20 **Accepted:** 26-May-20
Published: 30-Jun-20


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Access this article online	
Quick Response Code: 	Website: www.jpalliativecare.com
	DOI: 10.4103/IJPC.IJPC_171_20

How to cite this article: Singla S, Kumar A, Sharma RK, Bhatnagar S. Considerations for palliative intervention procedures in the COVID pandemic. *Indian J Palliat Care* 2020;26:S183-4.

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