

Guidelines for End of Life Symptom Control in Adults (COVID-19) v5.0

Recommendations:

The following Prescribing Guidance should be used in conjunction with [NICE Guideline NG163](#) and local [Palliative Care Guidelines](#). This Guidance will be updated in the event of changes in clinical evidence, difficulties in the availability of medicines through the usual supply chain or other exceptional circumstances. Please ensure you work within your competencies and seek advice from Local Specialist Palliative Care Services if necessary. The recommendations below represent suggested starting doses in the majority of patients. Higher doses may be needed for symptom relief but conversely lower doses because of patient's size or frailty and consideration should be made where multiple symptoms are being managed. Review doses every 24 hours and titrate accordingly. *Refer to the CCG Pathway for the Deteriorating Patient in suspected COVID-19 for advice on use of oxygen and dexamethasone.

Table 1: Symptoms Management and Notes

Symptom	Usual Management	Other Considerations
Dyspnoea/ Breathlessness Start low doses in opiate naïve, elderly or renal impairment	<p>Morphine: IR Oral morphine sulfate solution 10mg/5ml (Oramorph®) 2.5mg to 5mg PRN hourly Review and consider: MR Oral morphine MR (Zomorph®) 10mg twice daily</p> <p>Inj Morphine sulphate (10mg/1ml, amps) 1.25mg to 2.5mg SC PRN hourly (CSCI** 10mg/24hours)</p> <p>Oxycodone: IR Oral Oxycodone (oxycodone solution 5mg/5ml or capsules) 2mg to 5mg PRN hourly Review and consider: MR Oral Oxycodone (Oxypro®) 10mg twice daily</p> <p>Inj Oxycodone (10mg/1ml, 20mg/2ml amps) SC PRN 1mg -2.5mg (CSCI 5mg to 10mg/24hours)</p> <p>Lorazepam 1mg tablets 0.5mg SL PRN 4hourly (max 4mg/24hours) Reduce dose in elderly/frail to max 2mg/24hours</p> <p>Midazolam (10mg/2ml amps) 2.5mg – 5mg SC PRN hourly (CSCI 5-10mg/24hours starting dose)</p>	<p>Positioning – Tri pod position Encourage relaxation and guided breathing techniques and changing body positioning (See techniques to help manage breathlessness) Keep the room cool</p> <p>Encourage patients who are self-isolating alone, to improve air circulation by opening a window or door (do not use a fan because this can spread infection)</p> <p>*When Oxygen is available for symptom management, consider a trial of oxygen therapy and assess whether breathlessness improves.</p> <p>Consider starting stimulant laxative and antiemetic if using opioids.</p>
Pain Start low doses in opiate naïve, elderly, renal impairment	<p>Morphine: IR Oral morphine sulfate solution 10mg/5ml (Oramorph®) 5-10mg PRN hourly Review and consider: MR Oral morphine (Zomorph®) 10mg twice daily</p> <p>Inj Morphine sulphate (10mg/1ml, 30mg/1ml amps) 2.5mg to 5mg SC PRN hourly (CSCI 10mg to 30mg/24hours)</p> <p>Oxycodone: IR Oral Oxycodone solution 5mg/5ml 2mg to 5mg PRN hourly Review and consider: MR Oral Oxycodone (Oxypro®) 10mg twice daily</p> <p>Inj Oxycodone (10mg/1ml, 20mg/2ml amps) SC PRN 1mg-2.5mg hourly (CSCI 5mg to 20mg/24 hours) **If on regular opioids including patches, calculate PRN dose based on the equivalent total 24hr oral morphine dose**</p>	<p>Paracetamol 500mg -1g PO/PR PRN 4 hourly (N.B. 4g/24hours or 2- 3g/24hours in elderly <50kg)</p> <p>Ibuprofen 400mg three times a day to control symptoms. If using an NSAID drug, use the lowest effective dose for the shortest period needed to control symptoms. See MHRA Guidance Use of NSAID in COVID19</p>

<p>Fever</p>	<p>Paracetamol 500mg tablets 500mg -1g PO/PR PRN 4hourly or suppositories 500 mg or 1g PR every four to six hours as required.</p> <p>(N.B. Max 4g/24hours or 2-3g/24hours in elderly<50kg)</p> <p>Ibuprofen 400mg tablets or suspension 100mg/5ml three times a day to control symptoms</p>	<p>Gentle cooling measures. Advise to drink regularly; up to 2 litres per day. Use medicines only while symptoms persist. If using an NSAID drug, use the lowest effective dose for the shortest period needed to control symptoms. See MHRA Guidance Use of NSAID in COVID19</p>
<p>Respiratory Secretions</p>	<p>Hyoscine Butylbromide 20mg/1ml amps 20mg SC PRN 2 hourly (CSCI 60mg to 120mg/24hours) OR</p> <p>Hyoscine Hydrobromide 400micrograms/1ml amps 400micrograms SC PRN 4 hourly (CSCI 1.2mg/24hours)</p> <p>**Caution in renal impairment & COVID-19 +ve patients as can worsen delirium**</p> <p>Glycopyrronium (200micrograms/1ml,600micrograms/3ml amps) 200-400mcg SC PRN 2hourly (CSCI 600micrograms- 2.4mg/24hours)</p>	<p>Re-position patient on side or in semi-prone position to promote postural drainage.</p>
<p>Cough</p>	<p>Use simple non-drug measures first e.g. taking honey.</p> <p>If cough is distressing codeine linctus 15 mg/5 ml or codeine phosphate tablets (15 mg, 30 mg) Dose:15 mg to 30 mg every 4 hours as required, up to 4 doses in 24 hours</p> <p>Morphine sulfate oral solution 10mg/5ml (Oramorph®) Dose 2.5 mg to 5 mg when required every 4 hours. Increase up to 5 mg to 10 mg every 4 hours as required. Review and consider long acting morphine</p>	<p>Suggest a teaspoon of honey in hot water to drink.</p> <p>Short term use of codeine as “acute” prescription noting addiction potential; advise on constipation.</p> <p>Avoid in bronchitis and bronchiectasis</p>
<p>Delirium, agitation, anxiety, restlessness.</p> <p>**Often delirium and agitation are difficult to differentiate**</p> <p>Caution in frail/low body weight/renal impairment</p>	<p>Haloperidol 0.5mg tablets / oral solution (2mg/ml) or SC (5mg/1ml amps) 0.5mg to 1mg PRN 2 hourly (CSCI 2.5mg to 5mg/24hours)</p> <p>Lorazepam 1mg tablets Dose 0.5 to 1mg SL PRN 4hourly max 4mg/24hours. Reduce dose in elderly/frail patients to max 2mg/24hours</p> <p>Midazolam 10mg/2ml amps 2.5mg to 5mg SC PRN (CSCI 5-30mg/24hours)</p> <p>**Seek Specialist Advice for higher doses**</p> <p>Levomopromazine 25mg/1ml amps 5mg SC PRN 4 hourly (CSCI 12.5- 25mg/24hours)</p> <p>**Seek Specialist Advice for higher doses**</p>	<p>Consider and treat underlying causes – blocked catheter, dehydration, constipation, hypercalcaemia etc</p> <p>Reduce stimuli</p> <ul style="list-style-type: none"> • avoid loud noise • avoid bright light <p>Reduce number of people in the room</p>
<p>Nausea & Vomiting</p>	<p>Levomopromazine 25mg/1ml amps 2.5mg - 5mg SC PRN 4hourly (CSCI 5-25mg/24hours)</p> <p>**Caution in frail/low body weight/renal impairment 2.5mg PRN**</p> <p>Haloperidol 5mg/ml amps 0.5 to 1mg PO/SC PRN 4 hourly (CSCI 2.5mg to 5mg/24hours)</p> <p>**Caution in renal impairment**</p> <p>N.B. Some patient pathology means they may respond better to metoclopramide or cyclizine- seek specialist advice.</p>	<p>Consider and treat underlying cause</p> <p>Remove avoidable triggers such as smells</p> <p>Eat and drink slowly, frequent, small meals or snacks</p>

Healthcare Professional Contact Numbers for Palliative care medical and prescribing advice

St Michael’s Hospice Herefordshire	Telephone Number: 01432 852080
St Richard’s Hospice Worcestershire	Telephone Number: 01905 763963
Community Specialist Palliative Care Team	Telephone Number: 07867 527943 (R&B) / 07920 501694 (WF)
Wye Valley NHS Trust Specialist Palliative Care Community Team	Telephone Number: 01432 851356

NHS Herefordshire and Worcestershire CCG Community pharmacy [Palliative care Medicine Hubs](#)

****CSCI Continuous Subcutaneous Infusion.**

<p>References:</p>	
<ul style="list-style-type: none"> • NICE (Oct 2020) COVID-19 rapid guideline managing symptoms (including at the end of life) in the community. • West Midlands Palliative Care Physicians COVID-19 and Specialist Palliative Care available at http://www.wmcares.org.uk/covid-19/ 	
<p>H&W MPC Approved Date: 1st December 2020</p>	<p>Review Date: 30^h November 2023</p>