

**EMERGENCY RESPONSE: Herefordshire & Worcestershire STP Temporary End of LIFE CARE Symptom Control Guidance for Use in the COVID-19 crisis V4**

Please use in conjunction with the APM COVID guidance & your local Palliative Care Guidelines <http://www.wmcares.org.uk/wmpcp/guide/>

\*\*Disclaimers: Note unlicensed routes/uses. Please seek your LOCAL SPECIALIST PALLIATIVE CARE services for advice if working beyond your competencies\*\*

SYMPTOM	USUAL MANAGEMENT <b>**Also see usual advice**</b>	OTHER MANAGEMENT	<b>**EXCEPTIONAL CIRCUMSTANCES – Only consider if usual management not available**</b>
<p><b>DYSPNOEA/ BREATHLESSNESS</b></p> <p><b>CSCI = continuous subcutaneous infusion</b></p> <p><b>Hrly = hourly</b></p> <p><b>Amps = ampoules</b></p>	<p>Oramorph (oral morphine sulphate solution 10mg/5ml) 2.5mg to 5mg PRN hrly &amp; consider modified release Morphine sulphate inj (10mg/1ml, 30mg/1ml amps) 1.25mg to 2.5mg SC PRN hrly (CSCI 10mg/24 hrs) <b>**Start low doses in opiate naïve, elderly renal impairment**</b></p> <p>Oxycodone(oxycodone solution 5mg/5ml or capsules) 2mg to 5mg PRN hrly &amp; consider modified release Oxycodone inj (10mg/1ml, 20mg/2ml amps) SC PRN 1mg -2.5mg (CSCI 5mg to 20mg/24 hrs) <b>**Start low doses in opiate naïve or elderly**</b></p> <p>Lorazepam (1mg tablets) 0.5mg to 1mg SL PRN 4 hrly (max 4mg/24hrs)</p> <p>Midazolam (10mg/2ml amps) 2.5mg – 5mg SC PRN hrly (CSCI 5-10mg/24 hrs starting dose)</p>	<p>Positioning – Tri pod position</p> <p>Oxygen (if already prescribed/available)</p> <p>Air movement - Fan, open window (Caution in COVID patients due to possible viral droplet spread)</p> <p>Guided breathing techniques</p> <p>Reduce room temperature</p>	<p><b>First line:</b> consider other forms of oral opioids: <b>**Seek Specialist Advice if you are unfamiliar with the drug**</b></p> <ul style="list-style-type: none"> <li>• MST tablets/granules (modified release morphine sulphate)</li> <li>• Sevredol tablets (immediate release morphine sulphate)</li> <li>• Open up Zomorph capsules &amp; sprinkle on food</li> <li>• Buprenorphine transdermal patch – check dose conversions</li> </ul> <p><b>ONLY</b> If patient unable to swallow consider: Morphine PR (seek Specialist Advice) <b>Last resort:</b> Oral Morphine CONCENTRATE solution (20mg/1ml) 5-10mg two hrly PRN (with supply of 1 ml syringes) some absorption through buccal mucosa. (Also Oxycodone concentrate solution available 10mg/1ml) <b>** If patients are already using Oramorph (10mg/5ml) then caution advised if adding in concentrate as risk of staff/carers getting these mixed up)**</b></p> <p><b>Other options under local Specialist Advice ONLY:</b> non injectable use of IV morphine ampoules (if this the only drug available &amp; there is no access to SC/IV route) Intranasal or sublingual fentanyl Steroids</p>
<p><b>PAIN</b></p> <p><b>**PLEASE ALSO REFER to your usual Palliative Care guidelines or your local Palliative Care Specialists – doses and drug choices for ALL SYMPTOMS LISTED may differ between localities **</b></p> <p>WMcares Link above</p> <p><b>SEEK ADVICE IF PRESCRIBING OUTSIDE YOUR COMPETANCIES</b></p>	<p>Oramorph (Oral morphine solution 10mg/5ml) 5-10mg PRN hrly &amp; consider modified release Morphine sulphate inj (10mg/1ml, 30mg/1ml amps) 2.5mg to 5mg SC PRN hrly (CSCI 10mg to 30mg/24 hrs) <b>**Start low doses in opiate naïve, elderly renal impairment**</b></p> <p>Oxycodone (oral oxycodone solution 5mg/5ml) 2mg to 5mg PRN hrly &amp; consider modified release Oxycodone inj (10mg/1ml,20mg/2ml amps) SC PRN 1mg - 2.5mg hrly (CSCI 5mg to 20mg/24 hrs)</p> <p><b>**Caution in opiate naïve**</b> <b>**If on regular opioids including patches, calculate PRN dose based on total 24 hr dose**</b></p>	<p>Use of NSAIDS for pain in COVID-19 is currently not recommended</p>	<p><b>First line:</b> See other forms of opioids in dyspnoea section above ☐</p> <p>Fentanyl &amp; Buprenorphine transdermal patch (caution in fever due to possible surge in absorption) <b>* See usual guidance for dose conversions or seek local Specialist Advice*</b></p> <p><b>Last Resort:</b> Oral Morphine CONCENTRATE solution (20mg/1ml) 5-10mg hourly PRN (with supply of 1 ml syringes) some absorption through buccal mucosa Or Oxycodone oral CONCENTRATE solution (10mg/1ml) – prescribe with supply of 1ml syringes some absorption through buccal mucosa <b>* If patients are already using oramorph (10mg/5ml) then caution advised if adding in concentrate as risk of staff/carers getting these mixed up)**</b></p>

SYMPTOM	USUAL MANAGEMENT <b>**Also see usual advice**</b>	OTHER MANAGEMENT	<b>**EXCEPTIONAL CIRCUMSTANCES – Only consider if usual management not available**</b>
<b>FEVER</b>	Paracetamol 1g PO/PR PRN 4 hrly (4g/24hrs, 2-3g/24hrs in elderly/<50kg)	Gentle cooling measures	Consider other preparations – soluble, liquid, PR <b>**Caution with NSAIDs in COVID patients until further evidence to support safety**</b>
<b>RESPIRATORY SECRETIONS</b>	Hyoscine Butylbromide (20mg/1ml amps) 20mg SC PRN 2 hrly (CSCI 60mg to 120mg/24hrs)  Glycopyrronium (200micrograms/1ml, 600micrograms/3ml amps) 200-400mcg SC PRN 2 hrly (CSCI 600micrograms to 2.4mg/24hrs)  Hyoscine Hydrobromide (400micrograms/1ml amps) 400micrograms SC PRN 4 hrly (CSCI 1.2mg/24hrs) <b>**Caution in renal impairment &amp; COVID-19 +ve patients as can worsen delirium**</b>	Re-position patient on side or in semi-prone position to promote postural drainage	Atropine SL 1% drops (ophthalmic drops) – 2 drops SL every 2-4 hrs <b>**Avoid in patients with delirium or dementia due to increased risk of confusion**</b>  Hyoscine hydrobromide 300micrograms SL tablets or Hyoscine Hydrobromide transdermal patch 1mg per 72 hrs on hairless skin behind the ear. Patches can be halved or quartered. Maximum dose 2mg/24hrs <b>**Caution in renal impairment &amp; COVID-19 +ve patients as can worsen delirium**</b>
<b>DELIRIUM, AGITATION, ANXIETY, RESTLESSNESS</b>  <b>**Often delirium and agitation are difficult to differentiate**</b>  <b>Haloperidol identified as first line by revised APM COVID EOLC guidance. If agitation continues then Benzodiazepines &amp; if required, the addition of levomepromazine.</b>	Haloperidol (tablets or oral solution) or SC (5mg/1ml amps) 0.5mg to 1mg PRN 2 hrly (CSCI 2.5mg to 5mg/24hrs)  Lorazepam (1mg tablets) 0.5 to 1mg SL PRN 4 hrly max 4mg/24hrs  Midazolam (10mg/2ml amps) 2.5mg to 5mg SC PRN (CSCI 5-30mg/24 hrs) <b>**Higher doses seek Specialist Advice**</b>  Levomepromazine (25mg/1ml amps) 5mg SC PRN 4 hrly (CSCI 10- 25mg/24hrs) <b>**Caution in frail/low body weight/renal impairment 2.5mg PRN**</b> <b>**Higher doses with Specialist Advice**</b>	Consider and treat underlying causes – blocked catheter, constipation, hypercalcaemia etc  Reduce stimuli <ul style="list-style-type: none"> <li>• avoid loud noise</li> <li>• avoid bright light</li> </ul> Reduce number of people in the room	<b>A rapidly deteriorating patient with COVID-19 may require high doses. Contact local Specialist Advice for high dose use of:</b> Levomepromazine or Midazolam  Other dugs may be suggested such as <ul style="list-style-type: none"> <li>• Buccal midazolam (10mg/1ml prefilled syringe)</li> <li>• Rectal diazepam</li> <li>• Risperidone</li> <li>• Olanzapine</li> </ul>
<b>NAUSEA &amp; VOMITING</b>	Levomepromazine (25mg/1ml amps) 2.5mg - 5mg SC PRN 4 hrly (CSCI 5-25mg/24hrs) <b>**Caution in frail/low body wt/renal impairment 2.5mg PRN**</b>  Haloperidol 0.5 to 1mg PO/SC (5mg/1ml amps) PRN 4 hrly (CSCI 2.5mg to 5mg/24 hrs) <b>**Caution in renal impairment**</b>  Metoclopramide 10mg PO/SC PRN (10mg/2ml amps) 4 hrly (CSCI 30-60mg/24 hrs) Cyclizine 50mg PO or 25mg SC PRN (50mg/1ml amps) Max TDS (CSCI 75mg/24hrs)	Consider and treat underlying cause  Remove avoidable triggers such as smells  Eat and drink slowly, frequent, small meals or snacks	Ondansetron 4- 8mg 4 hrly PRN orodispersible tablets or orodispersible film (16mg /24 hrs) SE. constipation (caution if risk of bowel obstruction) <b>**Ondansetron suppositories 16mg available**</b>  Granisetron patch 3.1mg/24 hours. Change every 7 days  Olanzapine tablets 5mg to 10mg daily includes orodispersible