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 **Also see usual advice**	OTHER MANAGEMENT	**EXCEPTIONAL CIRCUMSTANCES – Only consider if usual management not available**
DYSPNOEA/ BREATHLESSNESS **CSCI = continuous subcutaneous infusion** **Hrly = hourly** **Amps = ampoules**	Oramorph (oral morphine sulphate solution 10mg/5ml) 2.5mg to 5mg PRN hrly & consider modified release Morphine sulphate inj (10mg/1ml, 30mg/1ml amps) 1.25mg to 2.5mg SC PRN hrly (CSCI 10mg/24 hrs) **Start low doses in opiate naïve, elderly renal impairment** Oxycodone(oxycodone solution 5mg/5ml or capsules) 2mg to 5mg PRN hrly & consider modified release Oxycodone inj (10mg/1ml, 20mg/2ml amps) SC PRN 1mg -2.5mg (CSCI 5mg to 20mg/24 hrs) **Start low doses in opiate naive or elderly** Lorazepam (1mg tablets) 0.5mg to 1mg SL PRN 4 hrly (max 4mg/24hrs) Midazolam (10mg/2ml amps) 2.5mg – 5mg SC PRN hrly (CSCI 5-10mg/24 hrs starting dose)	Positioning – Tri pod position Oxygen (if already prescribed/available) Air movement - Fan, open window (Caution in COVID patients due to possible viral droplet spread) Guided breathing techniques Reduce room temperature	First line: consider other forms of oral opioids: **Seek Specialist Advice if you are unfamiliar with the drug** • MST tablets/granules (modified release morphine sulphate) • Sevredol tablets (immediate release morphine sulphate) • Open up Zomorph capsules & sprinkle on food • Buprenorphine transdermal patch – check dose conversions ONLY If patient unable to swallow consider: Morphine PR (seek Specialist Advice) Last resort: 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) ** If patients are already using Oramorph (10mg/5ml) then caution advised if adding in concentrate as risk of staff/carers getting these mixed up)** Other options under local Specialist Advice ONLY: non injectable use of IV morphine ampoules (if this the only drug available & there is no access to SC/IV route) Intranasal or sublingual fentanyl Steroids
PAIN ****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 **** WMcares Link above **SEEK ADVICE IF PRESCRIBING OUTSIDE YOUR COMPETANCIES**	Oramorph (Oral morphine solution 10mg/5ml) 5-10mg PRN hrly & consider modified release Morphine sulphate inj (10mg/1ml, 30mg/1ml amps) 2.5mg to 5mg SC PRN hrly (CSCI 10mg to 30mg/24 hrs) **Start low doses in opiate naïve, elderly renal impairment** Oxycodone (oral oxycodone solution 5mg/5ml) 2mg to 5mg PRN hrly & consider modified release Oxycodone inj (10mg/1ml,20mg/2ml amps) SC PRN 1mg - 2.5mg hrly (CSCI 5mg to 20mg/24 hrs) **Caution in opiate naïve** **If on regular opioids including patches, calculate PRN dose based on total 24 hr dose**	Use of NSAIDS for pain in COVID-19 is currently not recommended	First line: See other forms of opioids in dyspnoea section above↑ Fentanyl & Buprenorphine transdermal patch (caution in fever due to possible surge in absorption) * See usual guidance for dose conversions or seek local Specialist Advice* Last Resort: 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 * If patients are already using oramorph (10mg/5ml) then caution advised if adding in concentrate as risk of staff/carers getting these mixed up)**

SYMPTOM	USUAL MANAGEMENT **Also see usual advice**	OTHER MANAGEMENT	**EXCEPTIONAL CIRCUMSTANCES – Only consider if usual management not available**
FEVER	Paracetamol 1g PO/PR PRN 4 hrly (4g/24hrs, 2-3g/24hrs in elderly/<50kg)	Gentle cooling measures	Consider other preparations – soluble, liquid, PR **Caution with NSAIDs in COVID patients until further evidence to support safety**
RESPIRATORY SECRETIONS	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) **Caution in renal impairment & COVID-19 +ve patients as can worsen delirium**	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 **Avoid in patients with delirium or dementia due to increased risk of confusion** 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 **Caution in renal impairment & COVID-19 +ve patients as can worsen delirium**
DELIRIUM, AGITATION, ANXIETY, RESTLESSNESS **Often delirium and agitation are difficult to differentiate** **Haloperidol identified as first line by revised APM COVID EOLC guidance. If agitation continues then Benzodiazepines & if required, the addition of levemepromazine.**	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) **Higher doses seek Specialist Advice** Levomepromazine (25mg/1ml amps) 5mg SC PRN 4 hrly (CSCI 10- 25mg/24hrs) **Caution in frail/low body weight/renal impairment 2.5mg PRN** **Higher doses with Specialist Advice**	Consider and treat underlying causes – blocked catheter, constipation, hypercalcaemia etc Reduce stimuli • avoid loud noise • avoid bright light Reduce number of people in the room	A rapidly deteriorating patient with COVID-19 may require high doses. Contact local Specialist Advice for high dose use of: Levomepromazine or Midazolam Other dugs may be suggested such as • Buccal midazolam (10mg/1ml prefilled syringe) • Rectal diazepam • Risperidone • Olanzapine
NAUSEA & VOMITING	Levomepromazine (25mg/1ml amps) 2.5mg - 5mg SC PRN 4 hrly (CSCI 5-25mg/24hrs) **Caution in frail/low body wt/renal impairment 2.5mg PRN** Haloperidol 0.5 to 1mg PO/SC (5mg/1ml amps) PRN 4 hrly (CSCI 2.5mg to 5mg/24 hrs) **Caution in renal impairment** Metoclopromide 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) **Ondansetron suppositories 16mg available** Granisetron patch 3.1mg/24 hours. Change every 7 days Olanzapine tablets 5mg to 10mg daily includes orodispersible