

Palliative care guidance for Coronavirus disease 2019 (COVID-19)

The following contains symptom management advice for patients for COVID-19.

For advice on decision making regarding whether admission to hospital is appropriate please call Critical Care GP support rota via hospital switchboard on **01803 614567**.

More detailed guidance on managing the last few hours or days of life, symptom control in renal failure and prescribing medication in syringe pumps can be obtained on ICON, or the Rowcroft Hospice website (under “How can we help/Clinical resources” tab):

<https://rowcrofthospice.org.uk/how-we-can-help/referrals-access-services/clinical-resources/>

It is also available on the South and West Devon Joint formulary, chapter 16:

<https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/16.-palliative-care>

Accompanying this document is guidance on alternative medications that could be prescribed should parenteral medications and use of syringe pumps become unavailable.

Rowcroft Hospice contact details:

- 24/7 advice line **01803 210800**
- Community team Monday to Friday, 8.30am-5pm **01803 210811**
- Community team weekends and bank holidays 9am – 1pm **01803 210812**
- To discuss possible in-patient admission 9am-5pm **01803 210810** or 24/7 advice line **01803 210800** for out of hours enquiries
- Hospice at Home **01803 217620**

Symptom Management

For patients with distressing breathlessness at rest please consider starting a subcutaneous syringe pump/24hrs of:

Morphine 10mg + midazolam 10mg OR

Fentanyl 100micrograms + midazolam 5mg (if eGFR <15)

Add haloperidol 2.5 – 5mg or levomepromazine 12.5 – 25mg if delirium

Add hyoscine hydrobromide 1.2 – 2.4mg or hyoscine butylbromide (buscopan) 60mg (if eGFR<15) or glycopyrronium 0.6-1.2mg (if eGFR<15) if chest secretions

Sedation and opioid use should not be withheld because of an inappropriate fear of causing respiratory depression when a patient is near end of life

Breathlessness

- Oral morphine immediate release (Oramorph) solution 2.5-5mg prn
- Morphine 2.5-5mg s/c prn
- Midazolam 2.5-5mg s/c prn

*s/c = subcutaneous

** if oral morphine immediate release (Oramorph) solution is unavailable other low dose opioid preparations can be used e.g. morphine sulphate modified release (MST/Zomorph) 5 - 10mg bd, oxycodone immediate release solution (Oxynorm) 1-3mg prn, oxycodone modified release (Oxycontin/LongTec) 5mg bd, Buprenorphine (Butec) transdermal patch 5 -10 micrograms/hr.

Cough

- Simple linctus 5ml QDS
- Codeine linctus 30-60mg QDS
- Oral morphine immediate release (Oramorph) solution 2.5-5mg up to 4hrly

Anxiety, agitation and distress

- Lorazepam 0.5 – 1.0 mg (Genus brand if sublingual) or oral prn
- Midazolam 2.5-5mg s/c prn
- Levomepromazine 6.25-12.5mg s/c prn

Pyrexia

Use paracetamol oral or PR 1g up to QDS

The current guidance is to avoid use of NSAIDs in patients with COVID-19 but a pragmatic decision regarding risks versus benefits could be made for a patient approaching the end of their life. e.g. diclofenac per rectum

Delirium

- Oral haloperidol 0.5-1.0mg prn
- Oral olanzapine 2.5 – 5mg prn
- Oral or sublingual lorazepam 0.5 – 1.0mg prn
- Haloperidol 0.5 – 1.0mg s/c prn
- Levomepromazine 6.25-12.5mg s/c prn
- Midazolam 2.5-5mg s/c prn

Chest secretions

- Hyoscine butylbromide (buscopan) 20mg s/c prn
- Glycopyrronium 200micrograms s/c prn
- Hyoscine hydrobromide 400micrograms s/c prn

Dr J Sykes, Dr G Walker and Dr S Human
23/3/2020