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 including advice on syringe pump prescribing

Key messages:

- For patients with COVID-19, key symptoms are cough, fever, breathlessness, anxiety, delirium and agitation. Symptoms may include fatigue, myalgia and headache
- The patient's condition may deteriorate rapidly with insufficient time to set up a syringe pump for management of any distressing symptoms. It is acceptable practice to manage symptom control in this situation by use of PRN injectable subcutaneous (s/c) medications
- Sedation and opioid use should not be withheld in the context of distressing symptoms because of an inappropriate fear of causing respiratory depression when a patient is near end of life
- A small number of patients may experience a more severe delirium that requires larger than usual doses of antipsychotic/sedative medication
- Modify dose ranges for patients who are frail/elderly, have renal impairment and who are already on established opioid regimes
- If the patient has poorly controlled symptoms and/or you are uncertain about dose ranges, please seek specialist palliative care advice

This guidance complements Devon CCG COVID-19 related prescribing guidance:
https://southwest.devonformularyguidance.nhs.uk/formulary/covid-19-updates

References:

1. Community Palliative, End of Life and Bereavement Care in the COVID 19 pandemic. A guide to End of Life Care symptom control when a person is dying from COVID care for General Practice Teams, prepared by the Royal College of General Practitioners and the Association for Palliative Medicine. First Edition March 2020 Version 3.
https://elearning.rcgp.org.uk/mod/page/view.php?id=10537

2. COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community.NICE guidance (NG163). Published date: 03 April 2020 Last updated: 22 April 2020
https://www.nice.org.uk/guidance/ng163

As needed (prn) oral and subcutaneous (s/c) medications for symptom control

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 • 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. As part of supportive care, the following may help to manage breathlessness: • keeping the room cool • encouraging relaxation and breathing techniques and changing body positioning • Improving air circulation by opening a window or door (do not use a fan because this can spread infection) • When oxygen is available, consider a trial of oxygen therapy and assess whether breathlessness improves.
Cough	• Simple linctus 5ml QDS • Codeine linctus (15mg/5ml) or codeine phosphate tablets (15mg, 30 mg) up to 4 doses in 24 hours. If necessary, increase up to a maximum of 30-60mgfour times a day (maximum 240mg/24 hours) • 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	• Paracetamol oral or PR 1g up to QDS • Ibuprofen oral 400mg tds
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 (a larger dose of 12.5-25mg s/c prn may be needed for a severe delirium) • Midazolam 2.5-5mg s/c prn
Chest secretions	• Hyoscine butylbromide (buscopan) 20mg s/c prn • Hyoscine hydrobromide 400micrograms s/c prn

Syringe Pump prescribing guidance for patients with COVID-19

Clinical Indication	Medication	Starting Dose	Usual dose ranges	Dose ranges as per National COVID 19 prescribing guidance
Pain, cough or breathlessness	Morphine Sulphate 10mg/ml Ampoules	10mg/24hrs	10-30mg/24hrs	"titrate according to the response in a step wise approach with palliative care advice as needed"
Agitation or delirium MILD to MODERATE	Haloperidol 5mg/ml ampoules	2.5mg/24hrs	2.5-5mg/24hrs	2.5-10mg/24hrs
Agitation or delirium SEVERE (where sedation required)	Levomepromazine 25mg/ml ampoules	25mg-50mg/24hrs (12.5mg-25mg/24hrs in frail/elderly)	12.5 -50mg/24hrs	50-200mg/24hrs
Anxiety, agitation, restlessness and breathlessness	Midazolam 10mg/2ml ampoules	10mg/24hrs	10-30mg/24hrs	10-60mg/24hrs
Respiratory secretions	Hyoscine Hydrobromide 400micrograms/ml ampoules **Sedating** **Avoid if eGFR <30ml/min**	1.2mg/24hrs	1.2-2.4mg/24hrs	
	Hyoscine Butylbromide (buscopan) 20mg/ml ampoules **Non-sedating** **Use if eGFR <30ml/min**	60mg /24hrs	60-120mg/24hrs	
Nausea/vomiting	Haloperidol 5mg/ml ampoules **Useful if eGFR <30ml/min**	2.5mg/24hrs	2.5-5mg/24hrs	
	Levomepromazine 25mg/ml ampoules	6.25mg/24hrs	6.25-12.5mg/24hrs	

PRESCRIBING IN PALLIATIVE CARE: A GUIDE TO EQUIVALENT DOSES FOR OPIOID DRUGS

This is to be used as **a guide** rather than a set of definitive equivalences. It is crucial to appreciate that conversion ratios are never more than an approximate guide (comprehensive data are lacking, inter-individual variation). The advice is always to calculate doses using morphine as standard and to adjust them to suit the patient and the situation. Some of these doses have by necessity been rounded up or down to fit in with the preparations available, including adjustment of doses for liquid and injectable medications in order to optimise ability to dispense accurately.

PLEASE SEEK SPECIALIST ADVICE IF YOU ARE UNCERTAIN ABOUT WHAT TO PRESCRIBE AND/OR PATIENT NEEDING ESCALATNG OPIOID DOSES

Oral Morphine			Subcutaneous Morphine		Subcutaneous Diamorphine		Oral Oxycodone			Subcutaneous Oxycodone		Approximate TD Fentanyl patch micrograms/hr	Subcutaneous Alfentanil		Subcutaneous Fentanyl	
4 hr dose (mg)	12hr SR dose (mg)	24hr Total dose (mg)	4 hr dose (mg)	24 hr total dose (mg)	4 hr dose (mg)	24 hr total dose (mg)	4hr dose (mg)	12hr SR dose (mg)	24hr total dose (mg)	4 hr dose (mg)	24 hr total dose (mg)	Please see additional chart below for dose conversion ranges	4 hr dose (mg)	24hr total dose (mg)	4 hr dose (mcg)	24hr total dose (mcg)
5	15	30	2.5	15	1	10	2.5	7.5	15	1	7.5	12mcg	0.1	1	25	200-250
10	30	60	5	30	2.5-5	20	5	15	30	2.5	15	25mcg	0.2	2	50	400-500
15	45	90	7.5	45	5	30	7.5	25	50	4	25	25-37mcg	0.5	3	100	600-750
20	60	120	10	60	7.5	40	10	30	60	5	30	37-50mcg	0.7	4	Syringe pump volume issues likely above 500mcg/24hours because fentanyl injection available as 50micrograms/ml	
30	90	180	15	90	10	60	15	45	90	7.5	45	50-75mcg	1	6		
40	120	240	20	120	12.5	80	20	60	120	10	60	75-100mcg	1	8		
50	150	300	25	150	15	100	25	75	150	12.5	75	100-150mcg	1.5	10		
60	180	360	30	180	20	120	30	90	180	15	90	100-150mcg	2	12		
70	210	420	35	210	25	140	35	105	210	17.5	100	125-175mcg	2.5	14		
80	240	480	40	240	27.5	160	40	120	240	20	120	125-200mcg	2.5	16		

- Two thirds of palliative care patients need <180mg/24hrs of oral morphine
- The dose conversion ratio of morphine to oxycodone is approximately 1.5-2:1. For the purposes of this guidance we have adopted a 2:1 ratio
- The dose conversion ratio of SC diamorphine: SC alfentanil is from 6-10:1. It is prudent to use the more conservative ratio when switching from one to the other e.g. if switching from diamorphine to alfentanil, use dose conversion ratio 10:1 so that 10mg diamorphine = 1mg alfentanil. If switching from alfentanil to diamorphine use dose conversion ratio 6:1 so that 1mg alfentanil = 6mg diamorphine.
- The dose conversion ratio of SC Alfentanil: SC fentanyl is approximately 4-5:1

TRANSDERMAL (TD) OPIOID PATCHES

Fentanyl TD patch micrograms/hr	Approximate oral Morphine mg/24hours
12	30-45
25	60-90
37	90-135
50	120-180
62	150-225
75	180-270
100	240-360
125	300-450
150	360-540
175	420-630
200	480-720

Buprenorphine TD micrograms/hr	Approximate oral Morphine mg/24hrs
5	10-20
10	20-30
15	30-40
20	40-50
35.5	80-90
52.5	120-130
70	160-180
Maximum authorised dose is two 70micrograms/hr patches	

- A PO morphine:transdermal fentanyl dose conversion ratio of 100-150:1 is used (PCF6 & BNF 100:1, Public Health Education Opioids Aware Resource 150:1) resulting in a dose range of oral morphine per patch strength e.g. Fentanyl TD 25mcg/hr patch approximately= 60-90mg oral morphine/24hrs
- It is suggested that for conversions from oral morphine to fentanyl patches, the lower doses of fentanyl should be used for patients who have been on oral opioids for just weeks and the higher doses for people who have been on a stable and well tolerated oral opioid regimen for a longer period.
- Transdermal fentanyl patches are changed every 3 days (72 hours)
- A PO morphine: transdermal buprenorphine dose conversion of 100:1 is used (PCF6)
- A variety of transdermal buprenorphine patches are available, changed either every 3, 4 days or 7 days. Check carefully before prescribing & instructing the patient.

Resources: Palliative Care Formulary 6th Edition (PCF6)

BNF
UK Medicines Information: How should conversion from oral morphine to fentanyl patches be carried out?
https://www.sps.nhs.uk/wp-content/uploads/2017/12/UKMI_QA_Conversion-from-oral-morphine-to-fentanyl-patches_November-2017_Final.docx.
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