**Community Symptom control and patient support for the last days of life during the** **COVID-19 pandemic (Adults) For children and young adults under 18 years seek advice and guidance**

Consider accessing local specialist palliative care teams for advice and guidance if required

This is a short clinical summary agreed by local specialist palliative care teams. Clinicians should also refer to the latest Palliative Care in Covid-19 information, which provides detailed advice on all aspects of patient care when symptom and Palliative Care is considered. NICE NG163 Covid19-managing symptoms including at the end of life care in the community <https://www.nice.org.uk/guidance/ng163/resources/covid19-rapid-guideline-managing-symptoms-including-at-the-end-of-life-in-the-community-pdf-66141899069893> and Royal College of General Practice <https://elearning.rcgp.org.uk/mod/page/view.php?id=10389> .

NICE NG165 Managing suspected or confirmed pneumonia in Adults in the Community <https://www.nice.org.uk/guidance/ng165>

As deterioration can sometimes be very rapid, prepare and discuss any escalation plans with patient and family as for critical care they may need rapid transfer to hospital.

**ONLY PRESCRIBE WHAT IS IMEDIATELY REQUIRED IN ORDER TO ENSURE ALL PATIENTS GET ACCESS TO THE MEDICATION THEY NEED FOR SYMPTOM CONTROL.**

Correct the correctable – give antibiotics for a bacterial infection Check for latest guidance <https://www.nice.org.uk/>

Consider maintenance of adequate hydration *(little and often, maximum 2 litres per day)*

Starting doses in opioid naïve patients

* Consider anti-emetic + laxative for morphine/opiate side-effects

If patients are not responding to initial dose, consider titrating within dose range and seek advice

If patients are already on an opioid, consider an appropriate starting dose, (NICE- if already on morphine increase dose by a third)

**Route of Administration: PO**=Oral **IR** =immediate release **SL**=Sublingual **SD** =syringe driver **SC** =subcutaneous **MR** =modified release **TDD**= total daily dose **PR**=Rectal

**Directions: OD** = once daily **BD**= twice daily **TDS**= three times daily **QDS**= four times daily **ON**= at night **PRN**= as required/needed

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| **Symptom** | **Non-pharmacological approaches** | **Oral route**  | **Subcutaneous route** | **Syringe pump doses** | **Medications via alternative routes** |
| **Cough***Ensure the patient is not going to choke.* *Consider sugar free, especially if**the patient is diabetic but not essential* | Humidify room airOral fluids *(little & often)*Teaspoon of honeyHoney and lemon in warm waterSuck cough drops/boiled sweetsElevate head when sleepingAvoid lying on back as it reduces the ability to coughAvoid smoking | Simple linctus-5mls QDS PO **OR***Glycerin and honey (available to purchase)***OR****If ineffective:** Codeine phosphate linctus-15mg/5ml 30-60mg QDS PO200ml *(also available sugar free)*OR use Codeine tablets (15mg or 30mg)**OR Morphine Sulphate (10mg/5ml) oral solution.** 2.5mg 4 hourly PO *(and titrate up according to response)* | Morphine sulphate inj. 2.5mg SC two hourly PRN | If severe / end of life: morphine sulphate 10mg/ 24hrs | **Seek advice from local palliative care team***Opiates: Only prescribe as an acute medication and discuss side effects, also be aware of the potential for dependency.**Avoid in patients with chronic bronchitis or bronchiectasis and seek advice* |
| **Symptom** | **Non-pharmacological approaches** | **Oral route**  | **Subcutaneous route** | **Syringe pump doses** | **Medications via alternative routes** |
| **Breathlessness***Opioids may reduce perception of breathlessness.**Identify any reversible causes**If oxygen is available, consider a trial* | Cool flannel around the face and nose. *Change and wash frequently.*Positioning of patient *(NICE NG163 table 3)*Improve air circulation in the room e.g. Open windowPortable fans are NOT recommended due to infection risk for others | **Morphine sulphate (10mg/5ml) oral solution** 2.5-5 mg PO PRN 2 hourly and titrate up according to response **OR**Morphine sulphate modified release 5mg PO BD (MST tablets) and titrate to response (Zomorph Capsules 10mg, 30mg, 60mg can be opened)Renal failure, (EGFR<30) consider Oxycodone 1mg-2mg PO 2hourlyConsider addition of a benzodiazepine such as Lorazepam | Morphine sulphate 2.5-5mg SC PRN 2 hourly and titrate to response **AND/OR**Midazolam 2.5-5mg SC for associated agitation or distress due to breathlessnessIn renal failure, (EGFR<30) consider Oxycodone1-2mg SC 2 hourly | Morphine sulphate 10mg/24 hours and titrate according to responseIn renal failure (EGFR <30), consider halving dose or oxycodone5mg/24hours and titrate according to response | **Seek advice from palliative care team** Morphine sulphate (10mg/5ml) oral solution by the buccal route *(draw up in oral syringe then put into side of mouth and rub cheek to enable absorption). Unlicensed route.*Buprenorphine transdermal patches starting at 5-10mcg/hr every 7 days*(patches take additional time to provide adequate pain relief)* |
| **Fever***Fever is most common 5 days after exposure to the infection.***Do not use with the sole aim of reducing the body temperature.** | Cooling flannel around the face. *Change and wash frequently.*Loose clothingOral fluids, little and often to prevent dehydration.Maximum 2 litres in 24hrsImprove air circulation in the room e.g. Open windowPortable fans are NOT recommended due to infection risk for others | Paracetamol 1g PO QDS If patient under 50kg consider 500mg QDS *(tablet or liquid, soluble tablets contain a high level of sodium)*Ibuprofen 400mg PO TDS (tablets OR *200mg/5ml oral suspension SF)*Take the lowest effective dose for the shortest period needed to control symptoms |  |  | Paracetamol Suppositories 1g QDS(500mg)*Ibuprofen 200mg SF Orodispersible tablets***Continue only while the symptoms of fever and the other symptoms are present** (NICE NG163 amended 22/04/2020) |
| **Anxiety/Delirium/ Agitation***Ensure effective communication and reorientation.**Provide reassurance*  | Consider and treat underlying causes - blocked catheter, constipation, hypercalcaemia, hypoxia etc.Reduce stimuli:-Avoid loud noises-Avoid bright light-Reduce number of people in roomConsider relaxation CDs, breathing exercises (extend ‘out’ breath) etc. | **Anxiety:** Lorazepam 0.5mg-1mg SL QDSMax 4mg in 24 hours**Delirium:** Haloperidol 500 micrograms-1mg PO at night and every 2-4 hr PRN (tablets  *or oral solution*) Max 5mg in 24 hours | Delirium: Haloperidol 500micrograms -1mg SC every 2 hoursMax 5mg in 24 hours**Agitation:**Midazolam 2.5mg-5mg PRN hourly**AND/OR**Levomepromazine 12.5mg -25mg SC titrate dose according to response | Haloperidol syringe pump 1.5mg -5mg can be increased to 10mg/24hrs**Seek advice from palliative care team** In elderly or frail Max 5mg/24hrs**Anxiety / agitation,** Midazolam 10mg -20mg/24 hrs titrate to responseIn renal failure, (EGFR<30) reduce to 5mg/24hours **AND /OR** Levomepromazine 50mg-150mg SC /24hrs | **Discuss with local specialist palliative care team, before considering prescribing**Midazolam oromucosal (buccal) solution - administer 0.5-1ml PRN hourly(Buccolam 10mg/2ml prefilled oral syringe)(Epistatus 10mg/ml prefilled oral syringe)*(Normally only used as part of shared care plan in epilepsy)* |
| **Symptom** | **Non-pharmacological approaches** | **Oral route**  | **Subcutaneous route** | **Syringe pump doses** | **Medications via alternative routes** |
| **Pain** | Heat pads over affected areasMassage | Paracetamol 1g PO QDS If patient under 50kg consider 500mg QDS *(tablet or liquid, soluble contains high level of sodium)*Ibuprofen 400mg PO TDS (tablets OR *200mg/5ml oral suspension SF)*Take the lowest effective dose for the shortest period needed to control symptoms**Morphine sulphate (10mg/5ml) oral solution** 2.5-5mg PO PRN 2 hourly and titrate to response**OR**Morphine sulphate modified release 5mg PO BD (MST tablets) and titrate to response (Zomorph Capsules 10mg, 30mg, 60mg can be opened)In renal failure (EGFR<30),consider Oxycodone 1mg -2mg PO 2 hourly | Morphine sulphate 2.5-5mg (1.25mg if elderly, frail, low weight) SC PRN 2 hourly and titrate to responseIn renal failure, (EGFR<30) consider Oxycodone 1-2mg SC 2 hourly**Seek advice from local palliative care team** | Morphine Sulphate 10mg/24 hours and titrate according to responseIn renal failure (EGFR<30), consider halving dose or oxycodone5mg/24hours and titrate according to response**Seek advice from local palliative care team** | *Ibuprofen 200mg SF Orodispersible tablets***Continue only while the symptoms of fever and the other symptoms are present** (NICE NG163 amended 22/04/2020)**Seek advice from palliative care team** Buprenorphine transdermal patches starting at 5-10mcg/hr every 7 days*(patches take additional time to provide adequate pain relief)*Morphine sulphate (10mg/5ml) oral solution by the buccal route *(draw up in oral syringe then put into side of mouth and rub cheek to enable absorption). Unlicensed route.* |
| **Other Symptoms – see local End of Life guidance or seek support from your local specialist palliative care team**Patients may also have fatigue, muscle aches and headache NICE NG163 The table below includes symptoms that patients experience due to co-morbidities but may not be seen in Covid-19 patients |
| **Symptom** | **Non-pharmacological approaches** | **Oral route**  | **Subcutaneous route** | **Syringe driver doses** | **Medications via alternative routes** |
| **Respiratory secretions** | Positioning Reassurance for carers |  | Hyoscine Butylbromide 10mg-20mgSC 2-4hourlyMax 240mg/24hrGlycopyrronium 200-400micrograms SC hourly (max 1.2mg/24 hrs) | Hyoscine Butylbromide60mg -120mg/24hoursGlycopyrronium 600micrograms -1.2mg /24 hours | Hyoscine hydrobromide patches (Scopoderm) 1mg/ 72 hourly Glycopyrronium injection applied buccally 200-400mcg SC hourly (max 1.2mg/24 hrs)Atropine SL 1% Minims (ophthalmic drops) 2 drops SL every 2-4 hours (*avoid In patients with delirium or dementia as can increase confusion). Unlicensed route.* |
| **Symptom** | **Non-pharmacological approaches** | **Oral route**  | **Subcutaneous route** | **Syringe pump doses** | **Medications via alternative routes** |

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| **Nausea & Vomiting** | Consider and treat underlying cause | Varies by cause:**Delayed gastric emptying**:Metoclopramide 10mg PO TDS **OR**Domperidone 10mg PO QDS**Raised intracranial pressure**:Cyclizine 50mg PO TDS**Biochemical disturbance:**Haloperidol 0.5-1mg PO BD **OR**Levomepromazine 6.25mg PO(*Discuss with local palliative team as 25mg tablets)* | Haloperidol 0.5-1.5mg SC PRN hourlyLevomepromazine 6.25mg SC PRN 4 hourlyCyclizine 25mgSC PRN/TDS | Haloperidol 1.5-5mg/24 hoursLevomepromazine 6.25 -25mg SC /24 hoursCyclizine 75mg SC /24hrs | Olanzapine 5-10mg tablets orodispersible PRN Max 10mg in 24hoursOrHyoscine hydrobromide patches (Scopoderm) 1mg/ 72 hours *(patches can take additional time to provide relief)* |

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| **Seizures** |  | As per individual normal prescribed medication | Midazolam 5-10mg SC stat  | Midazolam 20-30mg/24 hours if unable to take oral anti epilepsy medication | *Prefilled midazolam buccal solution Buccolam 10mg/2ml administer 1-2mls immediately OR as per care plan**Epistatus 10mg/ml administer as per care plan***Discuss with local palliative care team** |

* Continue to use your Local Medication and Administration records (MAAR) charts to record and administer any medication, a prescriber does NOT need to sign before giving to the patient.
* Palliative Care Drugs- access through Community Pharmacy <https://surreyccg.res-systems.net/PAD/Guidelines/Detail/4408>
	+ Drugs list amended to cover Covid-19 symptom Control
* Hypersalivation in adults [https://surreyccg.res-systems.net/PAD//Content/Documents/2/Hypersalivation%20Pathway%20Adults-%20Final%20Jan%2020.pdf](https://surreyccg.res-systems.net/PAD/Content/Documents/2/Hypersalivation%20Pathway%20Adults-%20Final%20Jan%2020.pdf)
* Covid-19 Severe Asthma <https://www.nice.org.uk/guidance/ng166>
* Covid -19 Community based care of patients with COPD https://www.nice.org.uk/guidance/ng168
* Respiratory information in Covid -19 <https://www.pcrs-uk.org/sites/pcrs-uk.org/files/resources/COVID19/Primary-Care-and-Community-Respiratory-Resource-Pack-during-COVID-19-final-28.3.20.pdf>
* NICE Covid -19 rapid guidelines and evidence summaries <https://www.nice.org.uk/covid-19#rapid-products>
* NICE Covid-19 managing symptoms amended 22nd April 2020 <https://www.nice.org.uk/guidance/ng163/resources/covid19-rapid-guideline-managing-symptoms-including-at-the-end-of-life-in-the-community-pdf-66141899069893>
* When prescribing consider the route of administration, potential waste, medicines shortages, the lack of clinical staff and equipment together with the availability of friends or family to support the patient.