QUICK SUMMARY COVID-19: Symptom Control Guidelines and the Dying Patient+

Patients may become rapidly symptomatic. Ensure these guidelines are initiated as soon as symptoms develop and please call Palliative Care if the patient does not respond to treatment described below

Indication	Medication	Dose	Guidance notes
PAIN Not taking a regular opioid	MORPHINE SULPHATE	2.5mg to 5mg **SC or IV** 1 to 4 hourly PRN **If the first dose is ineffective after 30 minutes:** 5mg to 10mg **SC or IV** 1 to 4 hourly PRN	**Contact Palliative Care for advice if**: ○ the patient is taking a regular opioid and/or adjuvant analgesia ○ has significant multi-morbidity e.g. renal or liver impairment ○ symptoms not controlled after more than 2 doses ○ the patient requires a syringe pump
	If morphine intolerance or allergy, or if eGFR is <30mL/min:		
	OXYCODONE	2.5mg to 5mg **SC** or **IV** from 1 to 4 hourly PRN **If the first dose is ineffective after 30 minutes** 5mg to 10mg **SC** or **IV** from 1 to 4 hourly PRN	
DELIRIUM	LEVOMEPROMAZINE **If *not* effective:** **OR** HALOPERIDOL	12.5mg to 25mg **SC** from 1 to 4 hourly PRN 25mg to 50mg **SC** (for severe delirium/agitation) 1.5mg **SC** from 1 to 4 hourly PRN	**Consider Haloperidol if Levomepromazine not available** **Contact Palliative Care for advice if**: ○ has significant multi-morbidity e.g. renal or liver impairment ○ symptoms not controlled after more than 2 doses ○ the patient requires a syringe pump
AGITATION / RESTLESSNESS	MIDAZOLAM **If effective, continue with:**	5mg **SC** STAT 5mg **SC** from 1 to 4 hourly PRN	**Consider Lorazepam 1mg SL if midazolam not available** **Review reversible causes**: • For example: constipation, urinary retention, pain, withdrawal (medication, nicotine, alcohol), spiritual and psychological needs **Supportive measures**: • Assurance and explanation. Adequate positioning of the patient to aid breathing, oxygen if evidence of hypoxia **Contact Palliative Care for advice as for Delirium**
	If *not* effective: MIDAZOLAM	10mg **SC** from 1 to 4 hourly PRN	
BREATHLESSNESS COUGH Not taking a regular opioid	**USE MORPHINE OR OXYCODONE AS FOR PAIN**. ***If not effective, add***: MIDAZOLAM	2.5mg to 5mg **SC** from 1 to 4 hourly PRN **If the first dose is ineffective after 30 minutes:** 5mg to 10mg **SC** from 1 to 4 hourly PRN	**Use of a FAN not recommended** **Supportive measures**: • Assurance and explanation. Adequate positioning of the patient to aid breathing, oxygen if evidence of hypoxia **Contact Palliative Care for advice if** ○ the patient is taking a regular opioid ○ symptoms not controlled after more than 2 doses

Discuss with the Specialist Palliative Care Team for St Helens, Knowsley via the Advice Line: 0844 225 0677

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Indication	Medication	Dose	Guidance notes
PYREXIA	PARACETAMOL **If IV route required and patient is <50kg:**	1g QDS **PO** or **PR** or **IV** 500mg QDS **IV** **15mg/kg QDS; maximum of 60mg/kg/day may be used for optimal effect if clinically suitable.**	**Consider Diclofenac suppositories 100mg PR** • reduce dose if significant liver dysfunction
NAUSEA/ VOMITING*	LEVOMEPROMAZINE OR HALOPERIDOL	6.25mg **SC** 4 to 6 hourly PRN 1.5mg **SC** 8 hourly PRN	**Supportive measures**: • Review potential causes e.g. cough, pain, urinary retention, constipation. **Contact Palliative Care for advice if** ○ symptoms not controlled after more than 2 doses ○ the patient is already prescribed an antiemetic, or levomepromazine for agitation/delirium/restlessness * See '**Choosing an anti-emetic in Palliative Care in light of limited supply of Levomepromazine on page 3'**
SECRETIONS	GLYCOPYRRONIUM OR HYOSCINE HYDROBROMIDE OR BUSCOPAN (HYOSCINE BUTYLBROMIDE)**	200 micrograms **SC** 4 hourly PRN 400 micrograms **SC** 4 hourly PRN 20mg **SC** 4 hourly PRN	**SUCTION IS NOT RECOMMENDED AS ENHANCED PPE WILL BE REQUIRED** **Supportive measures** • Repositioning, active surveillance, explanation. Treat any side effects with frequent mouth care which may include artificial saliva replacement gels /sprays. • ****DO NOT COMBINE BUSCOPAN WITH CYCLIZINE IN A SYRINGE DRIVER**** **Contact Palliative Care for advice if**: ○ significant multi-morbidity e.g. renal or liver impairment ○ symptoms not controlled after more than 2 doses
	If eGFR <30mL/min:		
	GLYCOPYRRONIUM	**100** micrograms **SC** 4 hourly PRN	

[+]Please refer to the full national guidelines ' COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care'. Latest version can be accessed via: https://apmonline.org/ and COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community - https://www.nice.org.uk/guidance/NG163

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Choosing an anti-emetic in Palliative Care in light of limited supply of Levomepromazine

- Choosing an anti-emetic depends on a full assessment, identifying the cause, and antagonising the cause at the receptor level. The guidance above assumes efforts to assess the likely cause which will guide the choice. Most patients will need a CSCI/driver to manage any ongoing N&V - seek SPC advice/support.
- Not in any order of use, Cyclizine or Metoclopramide are good first choices but not together.

Anti-emetic	Indication/s	Doses	Cautions/Contraindications
Cyclizine	Unknown cause Good broad spectrum	50mg sc 8 hourly max TDS	Unstable cardiac failure Do not use with Metoclopramide***
Metoclopramide	Early satiety/ gastric stasis Good broad spectrum	10mg sc 8 hourly PRN max TDS (^ higher doses SPC advice only)	Bowel obstruction Parkinson's disease (PD)/related illness** Extrapyramidal Side Effects (EPS) Beware abdo-colic (**STOP IT**) Do not use with Cyclizine***
Haloperidol	Metabolic causes e.g. renal Hypercalcaemia Drug induced e.g. opioids	1.5mg sc 8 hourly PRN max TDS	Care with PD** EPS risk Useful if delirium co-exists
Ondansetron	Chemo related Bowel obstruction (SPC advice)	4-8 mg sc 8 hourly PRN max 24mg daily	Very constipating

^ Seek advice from Specialist Palliative Care Team (SPC) for managing higher doses (Care as risk colic, perforation in obstruction)

**** Risk EPS with these medications (risk/benefit) - NB seek SPC advice**

***** Antagonistic mode of action**

N&V = nausea and vomiting