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| --- |
| **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****QUICK SUMMARY** COVID-19: Symptom Control Guidelines and the Dying Patient (v4.0 Dec 21)+  |
| **Indication** | **Medication** | **Dose** | **Guidance notes** |
| **PAIN****Not taking a regular opioid** | **MORPHINE SULPHATE** | 2.5mg to 5mg **SC** 1 to 4 hourly PRN**If the first dose is ineffective after 30 minutes:**5mg to 10mg **SC** 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 (CSCI)
 |
| **If morphine intolerance or allergy, or if eGFR is <30mL/min:** |
| **OXYCODONE** | 2.5mg to 5mg **SC** 1 to 4 hourly PRN**If the first dose is ineffective after 30 minutes:**5mg to 10mg **SC** 1 to 4 hourly PRN |
| **DELIRIUM** | HALOPERIDOL**OR** | 1.5mg **SC** from 1 to 4 hourly PRN (max 8mg per 24 hours)  | **Contact Palliative Care Team (PCT) for advice if**:* + Has significant multi-morbidity e.g. renal or liver impairment
	+ Symptoms not controlled after more than 2 doses
	+ Patient has Parkinson's disease
	+ The patient requires a syringe pump (CSCI)
	+ Needing to start Levomepromazine SC
 |
| LEVOMEPROMAZINE | 12.5mg to 25mg **SC** from 1to 2 hourly PRN**If *not* effective**25mg to 50mg **SC** from 1-2 hourly PRN (for severe delirium/agitation, max 200mg/24hrs) |
| **AGITATION/****RESTLESSNESS** | MIDAZOLAM**If effective, continue with:** | 2.5mg to 5mg **SC** STAT (See VITAL POINT in notes, NB max dose 30mg/24hours unless SPCT advice)2.5mg to 5mg **SC** from 1 to 4 hourly PRN  | **VITAL POINT – Please review effect of midazolam SC STAT and if not effective** **within 20-30 minutes then give next higher dose**  e.g. 2.5mg to 5mg, 5mg to 10mg SC**NB: 1 - If needing several stat doses, patient may need CSCI – speak to SPCT** **NB: 2 - Watch for paradoxical agitation with benzodiazepines****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****Consider Lorazepam 1mg SL if midazolam not available** |
| **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***:  | **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
 |
| MIDAZOLAM | 2.5mg to 5mg **SC** 1 to 4 hourly PRN(max as above)**If the first dose is ineffective after 30 minutes:**5mg to 10mg **SC** 1 to 4 hourly PRN |

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

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| --- |
| **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** |
| **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** | CYCLIZINE OR LEVOMEPROMAZINE | 50mg **SC**  8 hourly PRN (max TDS) (avoid in cardiac failure)6.25mg **SC** 8-12 hourly PRN( max TDS) | **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

 **Haloperidol may be useful as 3rd line**  |
| **SECRETIONS** | GLYCOPYRRONIUMORHYOSCINE HYDROBROMIDEORBUSCOPAN (HYOSCINE BUTYLBROMIDE)**\*\*** | 200 micrograms **SC** 2-4 hourly PRN (max dose 2400 micrograms per 24 hours)400 micrograms **SC** 2-4 hourly PRN (max dose 2400 micrograms per 24 hours)20mg **SC** 2-4 hourly PRN (max dose 120mg per 24 hours unless SPCT advice) | **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 2-**4 hourly PRN (max dose 1200 micrograms per 24 hours) |

STHK Hospitals - QUICK SUMMARY COVID-19: Symptom Control Guidelines and the Dying Patient v4.0. Dr A.Thompson, Specialist Palliative Care Team, Dec 2021. Approved by DTG Dec 2021. Review Dec 2022

**CONTACT – Palliative Care Team - extension 4266/triage phone 07917 828209**

**NB Out of Hours -** **Advice Line: 0330 058 2850**

**+Please refer to the full national guidelines “COVID-19 and Palliative, End of Life and Bereavement Care “- Latest version can be accessed via:** [**https://apmonline.org/wp-content/uploads/2021/02/COVID-19-Palliative-and-End-of-Life-Care.pdf**](https://apmonline.org/wp-content/uploads/2021/02/COVID-19-Palliative-and-End-of-Life-Care.pdf) **and COVID-19 rapid guideline: managing COVID-19 -** [**https://www.nice.org.uk/guidance/ng191/chapter/Recommendations**](https://www.nice.org.uk/guidance/ng191/chapter/Recommendations)