Temporary Palliative Care Guidelines for use during the COVID-19 Outbreak for Non-ICU Settings (Including Primary Care)

SEEK SPECIALIST PALLIATIVE CARE GUIDANCE IF ADVICE AND SUPPORT IS NEEDED – If subcutaneous syringe driver needed seek advice
Use in conjunction with Association for Palliative Medicine COVID-19 Guidance, 'General Prescribing Guidance for the Dying Person' (http://www.c-a-s-t-l-e.org.uk/media/23206/ipcdp_drug_algorithm_booklet_all_logos_v2_22.01.18.pdf and the West Midlands Palliative Care Guidelines (http://www.wmcares.org.uk/wmpcp/guide/)
Early Advance care planning and use of the ReSPECT form is essential. Timely prescription of anticipatory medication is essential.

SYMPTOM	USUAL MANAGEMENT	OTHER MANAGEMENT	DURING COVID19, Exceptional circumstance if usual management not available
PAIN	If opioid naïve: - Step 1: Paracetamol 1g PO/IV/PR qds (reduce if weight <50kg or if severe renal/liver impairment) - Step 2: Codeine 30-60mg PO qds - Step 3: Morphine IR 2.5mg PO qds OR If previously taking Codeine 240mg/24hrs, start Morphine MR 10mg PO bd with Morphine IR 2.5mg PO 1-hourly PRN and titrate appropriately. Max x6 PRNs/24h (seek advice if multiple PRNs) If unable to take oral medication: - Morphine injection 2.5mg SC PRN 1-hourly - Consider syringe driver if on Morphine MR PO or requiring multiple PRNs ♦ When prescribing opioids consider prescribing laxatives ♦ If GFR <30, give ½ normal Morphine IR PRN dose. Avoid Morphine MR and Codeine. Seek specialist advice regarding syringe drivers Seek specialist palliative care advice if: - pain remains uncontrolled - already on opioids, including Buprenorphine/Fentanyl patch	Treat any contributory symptoms such as cough	- 'Zomorph' capsules can be opened & sprinkled on food - If pain controlled, consider conversion to opioid patches - Use Buprenorphine/Fentanyl patches where possible – seek specialist advice re doses - PR Paracetamol - If not COVID19 +ve (proven or suspected), consider NSAIDs
FEVER	Paracetamol 1g PO/IV/PR qds (reduce to 2-3g/24 hours if weight <50kg or if severe renal/liver impairment) If not COVID19 +ve (proven or suspected), consider NSAIDs	Reduce room temperature Wear loose clothing Remove blankets, cool face Oral fluids, avoid alcohol	
BREATHLESSNESS	- Consider Oxygen therapy only if hypoxic - Morphine IR 2.5-5mg PO PRN hourly x6 doses/24 hours (1.25mg in renal failure)(seek advice if multiple PRNS) OR Morphine MR 5mg PO bd - If associated anxiety, Lorazepam 500 micrograms PO/SL qds PRN If unable to take oral medication: - Morphine injection 1.25-2.5mg SC PRN hourly x6/24 hours - Consider a syringe driver with Morphine + Midazolam *If acutely distressed (ARDS), give Morphine injection 5mg and Midazolam 5mg SC stat. If ineffective SEEK SPECIALIST ADVICE	Positioning Relaxation techniques Reduce room temperature Cool face with cloth (Use of fans during outbreaks of infection not recommended)	- If unable to swallow, consider opioid patches (seek specialist advice re dose) - 'Zomorph' capsules can be opened & sprinkled on food - If associated anxiety, buccal Midazolam 2.5mg qds PRN (prefilled syringe 5mg/1ml)
COUGH	Simple linctus 5ml PO qds, if ineffective: Codeine linctus 15-30mg PO qds OR Morphine IR 2.5mg PO qds	Drinking fluids Honey & lemon warm drink Sucking cough/hard sweets	

MR = modified release. IR = immediate release
SL= Sublingual

	If unable to take oral medication: - Morphine injection 1.25mg SC PRN qds - Consider a syringe driver with Morphine injection	Elevate head when asleep Avoid smoking	
NAUSEA &VOMITING	Establish likely cause and treat with appropriate anti-emetic If unable to take oral medication - Consider syringe driver with appropriate antiemetic - Haloperidol* 500micrograms-1mg SC 2-hourly (max 5mg/24 hours) if cause is uncertain *Avoid in Parkinsonism	Treat reversible causes Suppress smells Sips of water Eat and drink small amounts slowly	- Levomepromazine* 6.25mg PO od (1/4 of 25mg tablet – can dissolve in 5-10ml of water) - Levomepromazine* 6mg SL tablets OD-BD - Levomepromazine* 6.25mg SC OD - Olanzapine orodispersible tablets 2.5mg PO stat & nocte (OD) - If no other option, Ondansetron orodispersible 4mg PO bd-tds PRN
DELIRIUM & AGITATION	Haloperidol* 500micrograms-1mg PO/SC OD (nocte) and PRN 2-hourly (max 5mg/24 h) If ineffective, add Lorazepam 500 micrograms-1mg PO/SL BD and PRN If unable to take oral medication - Haloperidol* 500micrograms-1mg SC OD (nocte) and PRN 2-hourly (max 5mg/24 hours) - Midazolam 2.5mg SC 1-hourly PRN - Consider a syringe driver if frequent PRNs are needed If acutely distressed, Higher starting dose of Haloperidol*, 1.5-3mg PO/SC, likely needed: SEEK SPECIALIST ADVICE if this is ineffective (may require Levomepromazine* 12.5-25mg SC +/- Midazolam) *Avoid in Parkinsonism	Treat reversible causes Ensure adequate lighting Reassurance Reduce stimuli Minimise transfers to new environments	- Buccal Midazolam 2.5mg 1-hourly PRN (5mg/ml prefilled syringes) - Rectal Diazepam - Levomepromazine* 12.5-25mg PO od (1/2-1 of 25mg tablet, can be dissolved in 5-10ml of water) - Levomepromazine* 6mg SL tablet bd-qds - Levomepromazine* 12.5-25mg SC OD - Olanzapine orodispersible tablet 2.5mg PRN & nocte
RESPIRATORY SECRETIONS	Glycopyrronium 200microgram SC 2-hourly PRN (max 1.8mg/24 hours) OR Hyoscine butylbromide 20mg SC 2-hourly PRN (max 120mg/24 hours) Consider early use of either Glycopyrronium 600micrograms/24 hours OR Hyoscine butylbromide 60mg/24 hours in a syringe driver (after first PRN dose)	Repositioning Reassurance of patient and family	- SL Atropine 1% (ophthalmic drops) – 2 drops SL 2-4 hourly - Hyoscine hydrobromide transdermal patch (Scopoderm) 1mg, change every 72 hours (caution in elderly) - Oral Glycopyrronium 200micrograms tds (starting dose) - Hyoscine hydrobromide 300micrograms SL 6-8 hourly (max 900micrograms/24h)