Seek advice and support from your local Specialist Palliative Care Team.
Please refer to National Guidance: Community Palliative, EoL and Bereavement Care in the Covid 19 Pandemic https://elearning.rcgp.org.uk/mod/page/view.php?id=10389

Developed in partnership with Surrey Heartlands Health and Care Partnership

Princess Alice Hospice
For Compassion. For Living.

Symptom control guidance for the last days of life during the COVID-19 pandemic

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. https://elearning.rcgp.org.uk/mod/page/view.php?id=10389 .
The page references below refer to the national document.
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)*
Starting doses in opioid naïve patients

- if patients are not responding consider titrating within dose and range and seek advice
- Consider anti-emetic + laxative for morphine/opiate side-effects

If patients are already on an opioid, consider an appropriate starting dose.

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

Symptom	Non-pharmacological approaches	Oral route	Subcutaneous route	Syringe pump doses	Medications via alternative routes
Fever	Cool flannel around the face and nose *Change and wash frequently*	Paracetamol 1g PO QDS If patient under 50kg consider 500mg QDS *(tablet or liquid, soluble contains high level of sodium)*	N/A	N/A	Paracetamol suppositories 1g QDS PR *NSAIDS contra-indicated in COVID-19 however if patient is close to end of life may be appropriate to use.* Consider ibuprofen 400mg TDS PO
Cough *Ensure the patient is not going to choke. Consider sugar free, not essential*	Humidify room air Oral fluids *(little & often)* Honey and lemon in warm water Suck cough drops Elevate head when sleeping Avoid smoking	Simple linctus-5mls QDS PO 200ml **OR** *Glycerin and honey (available to purchase)* **OR** If ineffective: Codeine phosphate linctus-15mg/5ml 30-60mg QDS PO 200ml (also available sugar free) **OR** Morphine Sulphate (10mg/5ml) oral soln. 2.5mg 4 hourly PO	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**

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Symptom	Non-pharmacological approaches	Oral route	Subcutaneous route	Syringe pump doses	Medications via alternative routes
Pain	Heat pads over affected areas Massage	Paracetamol 1g PO QDS If patient under 50kg consider 500mg QDS *(tablet or liquid, soluble contains high level of sodium)* 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 response In. 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 response In renal failure (EGFR<30), consider halving dose or oxycodone 5mg/24hours and titrate according to response **Seek advice from local palliative care team**	Buprenorphine transdermal patches starting at 5-10mcg/hr every 7 days 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*
Breathlessness *See Page 9 National Guidance* *Opioids may reduce perception of breathlessness*	Cool flannel around the face and nose. *Change and wash frequently.* Positioning of patient *(see diagrams below)* Draught from an open window Portable 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 to response or Morphine sulphate modified release 5mg PO BD and titrate to response In renal failure, consider Oxycodone 1mg-2mg PO 2hourly	Morphine sulphate 2.5-5mg SC PRN 2 hourly and titrate to response Midazolam 2.5-5mg SC for associated agitation or distress due to breathlessness In renal failure, (EGFR<30) consider Oxycodone 1-2mg SC 2 hourly	Morphine sulphate 10mg/24 hours and titrate according to response In renal failure (EGFR <30), consider halving dose or oxycodone 5mg/24hours and titrate according to response	Buprenorphine transdermal patches starting at 5-10mcg/hr every 7 days 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* **Seek advice from palliative care team**
Delirium/ Agitation *Ensure effective communication and reorientation. Provide reassurance* *See Page 10 National Guidance*	Consider and treat underlying causes- blocked catheter, constipation, hypercalcaemia etc. Reduce stimuli: -Avoid loud noises -Avoid bright light -Reduce number of people in room	Mild to moderate Haloperidol 0.5mg-1mg PO every 2-4 hr (*tablets or oral solution*) Max 5mg in 24 hours	Haloperidol 0.5mg-1mg SC every 2 hours Max 5mg in 24 hours **If significant agitation, then consider:** Midazolam 2.5mg-5mg PRN hourly Levomepromazine 12.5-25mg SC titrate dose according to response	Haloperidol syringe driver 1.5-5mg/24hrs **If significant agitation, then consider:** Midazolam 10-20mg/24 hrs Levomepromazine 50mg-150mg SC /24hrs	

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Other Symptoms – see local EoL guidance or seek specialist support

Symptom	Non-pharmacological approaches	Oral route	Subcutaneous route	Syringe pump doses	Medications via alternative routes
Respiratory secretions	Positioning *(see diagrams below)* Reassurance for carers		*Glycopyrronium 200-400mcg SC hourly (max 1.2mg/24 hrs) Hyoscine Butylbromide 10mg-20mg SC 2-4hourly Max 240mg/24hr	*Glycopyrronium 0.6-1.2mg/24 hours Hyoscine Butylbromide 60mg -120mg/24hours	Hyoscine hydrobromide patches (Scopoderm) 1mg/ 72 hourly Glycopyrronium injection applied buccally 200-400mcg SC hourly (max 1.2mg/24 hrs) Atropine SL 1% drops Minims (ophthalmic drops) 2 drops **SL** every 2-4 hours (avoid in patients with delirium or dementia as can increase confusion) unlicensed
Nausea & Vomiting	Consider and treat underlying cause	Varies by cause: **Delayed gastric emptying**: Metoclopramide 10mg PO TDS **OR** Domperidone 10mg PO TDS **Raised intracranial pressure**: Cyclizine 50mg PO TDS Biochemical disturbance: Haloperidol 0.5-1mg PO BD Levomepromazine 6.25mg PO ON	Haloperidol 0.5-1.5mg SC PRN hourly Levomepromazine 6.25mg SC PRN 4 hourly Cyclizine 25mg SC PRN/TDS	Haloperidol 1.5-5mg/24 hours Levomepromazine 6.25 - 25mg SC /24 hours Cyclizine 75mg SC /24hrs	Olanzapine 5-10mg tablets orodispersible PRN Max 10mg in 24hours Or Hyoscine hydrobromide patches (scopoderm) 1mg/ 72 hours
Anxiety	Consider relaxation CDs, breathing exercises (extend 'out' breath) etc.	Lorazepam 0.5mg-1mg sublingually QDS	Midazolam 2.5-5mg SC PRN hourly	Midazolam 10mg/24 hours and titrate according to response (reduce to 5mg/24 hours if eGFR <30)	Midazolam oromucosal (buccal) solution Administer 0.5-1ml PRN hourly (Buccolam 10mg/2ml prefilled oral syringe) (Epistatus 10mg/ml prefilled oral syringe) **Discuss with local palliative care team**
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
Palliative Care Drugs- access through Community Pharmacy https://surreyccg.res-systems.net/PAD/Guidelines/Detail/4408
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