

COVID-19 MANAGEMENT OF END OF LIFE SYMPTOMS – COMMUNITY SETTING - The following measures assume a patient has limited swallow. **Version 1.5 10/04/20**

	<u>If No Health Professional to Administer Medication</u> Suggested management if syringe driver not required/available.	<u>If Health Professional Available to Administer Medication</u> (consider risk assessment if family feel able to administer s/c medications themselves)				Seek specialist advice before prescribing
	<u>MEDICATION FOR SELF-ADMINISTRATION WITH REMOTE SUPPORT</u>	<u>MEDICATION</u>	<u>As required dosing</u>	<u>Regular doses</u>	<u>Syringe driver initial dose</u>	
BREATHLESSNESS AND PAIN	Breakthrough opioid Morphine oral solution 10mg/5ml (not a CD) 5-10mg BUCCALLY PRN hrly OR Oxycodone oral solution (5mg/5ml) 2.5-5mg BUCCALLY PRN hrly If eGFR <30ml/min Concentrated forms of morphine/oxycodone liquid could be used buccally if very limited swallow.	<i>1st line</i> If eGFR > 30ml/min: Morphine sulphate inj (10mg/1ml amp)	2.5-5mg SC PRN hrly	2.5-5mg SC 4hrly	10mg/24hrs SC	Modified release capsules Open capsule and sprinkle granules on yoghurt Fentanyl / Buprenorphine patches (<i>avoid if pyrexial due to excessive absorption</i>) Other breakthrough opioid Buccal / intranasal administration of morphine, diamorphine, oxycodone, midazolam ampoules. Rectal administration of certain oral preparations. Intranasal / sublingual fentanyl
		<i>Alternative:</i> If eGFR < 30ml/min: Oxycodone inj (10mg/1ml amp)	2.5mg SC PRN hrly	2.5mg SC 4hrly	10mg/24hrs SC	
ANXIETY DUE TO BREATHLESSNESS	Lorazepam 1mg tablets (not a CD) 0.5-1mg BUCCALLY PRN hrly, max 4mg/24hrs OR Midazolam oromucosal solution 2.5mg syringes 2.5-5mg BUCCAL PRN hrly		As required / PRN	Regular dose	Syringe driver initial dose	Buccal / intranasal administration of medication
		Midazolam inj 10mg/2ml amp	2.5mg SC PRN hrly	2.5mg SC 4hrly	10mg/24hrs SC	Higher dose Midazolam
AGITATED DELIRIUM	Lorazepam 1mg tablets 0.5-1mg BUCCALLY PRN hrly, max 4mg/24hrs OR Midazolam oromucosal solution 2.5mg syringes 2.5-5mg BUCCAL PRN hrly OR Haloperidol oral solution 0.5-1.5mg BUCCALLY PRN 2hrly, max 10mg/24hrs		As required / PRN	Regular dose	Syringe driver initial dose	Higher dose Levomepromazine
		<i>1st Line</i> Levomepromazine inj (25mg/1ml amp)	12.5-25mg SC PRN 4hrly, max 150mg/24hrs	Long half-life therefore may only require once daily SC dose	Long half-life therefore may only require once daily SC dose	Risperidone
		<i>Alternative</i> Haloperidol inj (5mg/1ml amp)	0.5-1.5mg SC PRN 4hrly, max 10mg/24hrs	0.5-1.5mg SC 4hrly	5mg/24hrs SC	
RESPIRATORY SECRETIONS	Hyoscine Hydrobromide sublingual tablet 300mcg (Kwells) 300mcg SL PRN 4hrly, max 2mg/24hrs OR Hyoscine Hydrobromide transdermal patch 1mg/72rs On hairless skin behind ear. Patch can be ½ or ¼ 'd		As required / PRN	Regular dose	Syringe driver initial dose	Clonidine
		<i>1st Line</i> Glycopyronium inj (200mcg/1ml amp)	200-400mcg SC PRN hrly	200mcg SC 4hrly	1200mcg/24hrs SC Max 3600mg/24hrs	
		<i>Alternative</i> Hyoscine Hydrobromide inj (400mcg/1ml amp)	400mcg SC PRN hrly	400mcg SC 4hrly	1200mcg/24hrs SC Max 3600mg/24hrs	
FEVER	<i>1st Line</i> Paracetamol 1g PR PRN , max 4g/24hrs (3g/24hrs in elderly or <50kg)	In extreme symptomatic fever uncontrolled by paracetamol: consider Parecoxib 40mg powder for solution for injection 40mg SC PRN , max BD				

Note: This chart has been prepared specifically to deal with the challenges of the COVID-19 pandemic in which the administration of palliative medication should be planned with the health of staff as well as the welfare of patients in mind. A result the emphasis is on self-administered medication wherever the patient or their families or carers are able to manage them.