

End of Life Care Symptom Control Guidance during the COVID-19 Crisis for patients NOT diagnosed/suspected of having COVID-19. Crisis for patients NOT diagnosed/suspected of having COVID-19.

Please use in conjunction with the usual Palliative Care Guidelines: <http://www.gloshospitals.nhs.uk/our-services/services-we-offer/end-life-palliative-care/>

WE ENCOURAGE CONTACTING SPECIALIST PALLIATIVE CARE ROUTINELY TO DISCUSS OPTIONS 0300 422 5370 (0900-1700) / via switchboard 0300 422 2222 (OOH)

Always seek advice if you are unfamiliar with the medication or prescribing outside of your competencies.

The attached guidance is General End of Life care symptom control guidance during this time. It is not specific to COVID-19 patients. Please see alternative guidance concerning Emergency EOLC COVID guidelines.

ANTICIPATORY MEDICATION: We recommend prescribing routine SC anticipatory medication as normal where dying is felt likely within weeks to 2-3 months.

<p>Standard: Ensure all are prescribed/signed on the white symptom control medication chart.</p>	<ol style="list-style-type: none"> 1. Midazolam 2.5-5mg SC hourly PRN (Supply 10 (ten) 10mg/2ml ampoules) 2. Levomepromazine 6.25mg SC 6hrly PRN (Supply 1 box of 25mg/1ml ampoules) 3. Glycopyrronium 200-400mcg SC 2-4hrly PRN max 1.2mg/24hrs (Supply 1 box of 200mcg/1ml ampoules) 4. Morphine 2.5-5mg SC hourly PRN (Supply 10 (ten) 10mg/1ml ampoules)
<p>Optional: in addition given current challenges with COVID situation, consideration of need for additional medications.</p> <ul style="list-style-type: none"> • These could allow greater options for carer administration given the risk of fewer staff being available to administer meds but district nursing services will prioritise care for those at End of Life. • No need to be added to white symptom control medication chart. • Please check patient's own meds so as not to duplicate unnecessarily. 	<ol style="list-style-type: none"> 1. Oramorph (or alternative opioid if indicated) 2.5-5mg for breathlessness, 5-10mg for pain, PRN PO, max hrly. Supply 100ml (2mg/ml) 2. Lorazepam 0.5-1mg PRN hrly sublingually, max 4mg/24hrs. Supply 28 tablets. For anxiety and breathlessness. 3. Hyoscine hydrobromide (Kwells) 300mcg SL PRN 4hrly, max 2mg/24hrs. For nausea/secretions. Supply 1 box of 12. 4. Consider Midazolam 2.5mg oromucosal route PRN, max hrly. Supply 4 pre-filled syringes. For agitation and breathlessness in the dying phase

SYRINGE PUMPS

If syringe pump availability is limited, for example in the event of a second surge in COVID-19 cases, please consider liaison with Specialist Palliative Care Team before prescribing / set-up. Although not always ideal practice, some patients may be manageable in other ways eg. Fentanyl patch + PRN Lorazepam / buccal Midazolam given by a family member.

Where advice is given and it is agreed pump appropriate – document on the medication chart this has been advised to avoid repeating discussions.

ALTERNATIVE ROUTES OF ADMINISTRATION

The Specialist Palliative Care Team may advise the administration of medications via alternative or unlicensed routes and uses.

This may be the case if there are only certain drugs available and no access to SC routes. We have information sheets for carers / relatives to guide and support this.

Notes on medication –

*Opioids – consider lower dose in opioid naïve, elderly and renal impairment ie. 2.5mg oral morphine PRN hrly or 1.25mg oral oxycodone PRN hrly.

Morphine first line unless renal impairment eGFR<30mmol/l, in which case Oxycodone recommended.

** Patches – if starting patch or switching between opioids please consult usual guidance for dose conversion. Caution with patches in fever due to potential surge of medication.

*** Levomepromazine – caution in frail, low body weight, renal impairment – advise 2.5mg PRN

† Haloperidol – caution in renal impairment

USUAL MANAGEMENT	EXCEPTIONAL CIRCUMSTANCES	OTHER MANAGEMENT
<p>PAIN</p> <p>Morphine oral solution 10mg/5ml * 2.5-5mg PO PRN hrly Scope to increase to 10mg according to response</p> <p>Morphine sulphate inj (10mg/1ml, 30mg/1ml amp) * 2.5-5mg SC PRN hrly</p> <p>Oxycodone oral solution 5mg/5ml * 2.5-5mg PO PRN hrly If eGFR <30ml/min</p> <p>Oxycodone inj (10mg/1ml, 20mg/1ml amp) * 2.5mg SC PRN hrly If eGFR <30ml/min</p> <p>If on regular opioids inc. patches, calculate PRN dose based on total 24hr dose.</p>	<p><u>Alternative forms of morphine –</u></p> <ul style="list-style-type: none"> • Sevredol tablets (alternative immediate release)* • Buprenorphine or Fentanyl transdermal patch ** <p>LAST RESORT</p> <p>Morphine CONCENTRATE oral solution (20mg/1ml) * + supply of 1ml syringes 5-10mg PO PRN hrly</p> <p>Oxycodone CONCENTRATE oral solution (10mg/1ml) * + supply of 1ml syringes 2.5-5mg PO PRN hrly If eGFR <30ml/min</p> <p>Some absorption through buccal membrane. Caution if lower dose solution also present as risk of mixing up.</p> <p>UNDER LOCAL SPECIALIST ADVICE</p> <p><u>Modified release morphine –</u></p> <ul style="list-style-type: none"> • Open capsules and sprinkle granules on yoghurt • Buccal / intranasal administration of morphine / diamorphine / oxycodone / midazolam ampoules. • Rectal administration of certain oral preparations • Intranasal / sublingual fentanyl. 	<p>Depending on nature of pain, wheat pads / heat packs.</p> <p>Gentle massage.</p> <p>Environmental factors eg. music</p>
<p>BREATHLESSNESS</p> <p>Opioid medication and doses as above. *</p> <p>Lorazepam 1mg tablets 0.5-1mg sublingual PRN hrly, max 4mg/24hrs</p> <p>Midazolam inj (10mg/2ml amp) 2.5mg SC PRN hourly</p>	<p>Consider alternative forms of morphine and alternative administration routes of modified release morphine as above.</p> <p>Midazolam oromucosal solution 2.5mg syringes 2.5-5mg BUCCAL PRN hrly</p> <p>SUPPORTED AS NEEDED BY LOCAL SPECIALIST ADVICE As above</p>	<p>Positioning – tripod</p> <p>Oxygen – If already prescribed If hypoxic consider referral for home O2.</p> <p>Air movement – Open window Fans NOT recommended during outbreak</p> <p>Guided breathing techniques</p>

USUAL MANAGEMENT		EXCEPTIONAL CIRCUMSTANCES	OTHER MANAGEMENT	
<p>NAUSEA</p> <p><u>1st Line</u> Levomopromazine tablet 25mg*** 6.25-25mg PO PRN 6hrly Levomopromazine inj (25mg/1ml amp) *** 6.25-25mg SC PRN 4hrly Long half life therefore may only require once daily dosing.</p> <p>Haloperidol tab or oral sol. † 0.5-1.5mg PO PRN 4hrly Haloperidol inj (5mg/1ml amp) † 0.5-1.5mg SC PRN 4hrly</p>		<p><u>2nd Line</u> Metoclopramide tablet 10mg 10mg PO PRN 4hrly Metoclopramide inj (10mg/2ml amp) 10mg SC PRN 4hrly</p> <p>Cyclizine tablet 50mg 50mg PO PRN, max TDS Cyclizine inj (50mg/1ml amp) 50mg SC PRN, max TDS</p>	<p>Hyoscine Hydrobromide sublingual tablet 300mcg 300mcg SL PRN 4hrly, max 2mg/24hrs</p> <p>Ondansetron orodispersible tablets or films 4-8mg PO PRN 4hrly, max 16mg/24hrs Side effects constipation, caution in bowel obstruction</p> <p>Ondansetron suppositories</p> <p>Olanzapine tablets or orodispersible tabs 5-10mg daily</p> <p>UNDER LOCAL SPECIALIST ADVICE Buccal / intranasal administration of medication PR administration of oral medication</p>	<p>Consider / treat underlying cause</p> <p>Remove triggers – smell</p> <p>Eat and drink slowly. Small, frequent meals.</p>
<p>DELIRIUM / AGITATION</p> <p>Lorazepam tablet 1mg 0.5-1mg sublingual PRN hrly, max 4mg/24hrs</p> <p>Levomopromazine tablet 25mg, inj (25mg/1ml amp)*** 12.5-25mg PO or SC PRN 6hrly, max 150mg/24hrs Long half life therefore may only require once daily dosing.</p> <p>Haloperidol tablet, oral solution, inj † Preparation as above. 0.5-1.5mg PO or SC PRN 2hrly, max 10mg/24hrs.</p> <p>Midazolam inj (10mg/2ml amp) 2.5-5mg SC PRN hourly</p>		<p>Midazolam oromucosal solution 2.5mg syringes 2.5-5mg BUCCAL PRN hrly</p> <p>UNDER LOCAL SPECIALIST ADVICE</p> <ul style="list-style-type: none"> Higher dose Levomopromazine or Midazolam Buccal / intranasal administration of medication PR preparations Risperidone / Olanzapine 	<p>Consider / treat underlying cause – Urinary retention Constipation Hypercalcaemia etc.</p> <p>Reduce stimuli –</p> <ul style="list-style-type: none"> Avoid loud noises Avoid bright lights Reduce people in room 	
<p>RESPIRATORY SECRETIONS</p> <p>Glycopyrronium inj (200mcg/1ml, 600mcg/3ml amp) 200-400mcg SC PRN hrly</p> <p>Hyoscine Butylbromide inj (20mg/1ml amp) 20mg SC PRN hrly</p> <p>Hyoscine Hydrobromide inj (400mcg/1ml amp) 400mcg SC PRN hrly</p>		<p>Hyoscine Hydrobromide sublingual tablet 300mcg 300mcg SL PRN hrly, max 2mg/24hrs</p> <p>Hyoscine Hydrobromide transdermal patch 1mg/72rs On hairless skin behind the ear. Patches can be halved / quartered.</p> <p>UNDER SPECIALIST LOCAL ADVICE Clonidine</p>	<p>Reposition patient to promote postural drainage –</p> <ul style="list-style-type: none"> On side Semi-prone 	

