

SYMPTOM CONTROL FOR LAST DAYS OF LIFE IN SUSPECTED COVID 19

In all people who are in last days of life, check:

- Is there anything reversible, for example antibiotics and superimposed infection
- Do they have a Respect form and decision about escalation and resuscitation
- Have pre-emptive medications been issued and prescribed on non-syringe form; including:
 - morphine (or alternative opioid), midazolam, haloperidol (or alternative) and buscopan

Common symptoms of COVID 19:
Breathlessness, fever, delirium, cough

Common symptoms in general last days of life:
Pain, nausea, secretions, agitation and the above

Refer to Pre-emptive prescribing guidelines for more detail
<http://medicinesmanagement.doncasterccg.nhs.uk/guidelines/palliative-care-guidance/>

WHERE TO SEEK ADVICE:

St John's Hospice Triage: 01302 566 666

Consultant in Palliative Medicine advice:

- Mon, Tues, Wed and Fri, 9am to 5pm Dr Lucy Adkinson 07825 693895 *until May 15th 2020*
- Thursday 9am to 5pm Dr Hazra 07881 827742
- Out of hours, weekends and Bank Holidays – Consultant on call via DRI switchboard

Breathlessness

1. are they hypoxic? do they have oxygen at home?
Probably **not** appropriate to bring oxygen in if short prognosis
2. Non-pharmacological
 - Sit up, lean forward, positioning
 - Relaxation
 - Cool face
 - Fans – not appropriate in care setting though with infection risk
3. Opioids
 - If opioid naïve prescribe morphine 2.5-5mg PO PRN 1 hourly
 - AND/OR
 - Morphine 2.5mg – 5mg SC PRN 1 hourly review at 6 doses
4. Anxiolytics
 - Lorazepam 0.5mg SL PRN qds
 - AND/OR
 - Midazolam SC 2.5-5mg prn 1 hourly, max 30mg/24hours
5. Consider syringe driver if swallow poor, last hours/days
Morphine 10mg/24hours
6. +/- midazolam 10mg/ 24hours

Cough

1. cough hygiene for patient and carer
2. humidified room air (wet towel on radiator/window)
3. Simple Linctus
4. If simple measures ineffective treat with opioids as previous

Delirium

1. Anything reversible, e.g. antibiotics for infection
2. involve family, reorientation to environment, consistency in environment
3. Haloperidol PO or SC 1.5mg sc prn 4 hourly
4. Lorazepam 0.5mg SL qds or Midazolam 2.5mg-5mg SC prn 1 hourly, review at 6 doses if agitation more problematic

Fever

reduce room temp, loose cotton clothing, cool flannel, oral fluids as able

Fans but NOT in care environment – infection control
Paracetamol 1g qds PO/PR. NSAIDs in last days probably appropriate either oral or parecoxib is available SC 40mg sc OD-BD, if available

Respiratory Secretions

Hyoscine butylbromide 20mg sc prn max 120mg/24hours

Pain

See separate flow chart