

## **Anticipatory drugs to be used during COVID pandemic for GPs and DNs - process to provide in care homes and patients own home settings v1.6**

Patients with severe COVID 19 infection can die very quickly and may need timely treatment for respiratory distress, pain, anxiety, delirium and respiratory secretions.

Community teams need to prescribe, dispense and administer drugs for symptoms control as quickly as possible once a need is identified. The type of medication may be dependent upon the setting e.g. simple oral medications would allow families or carers to administer. In care homes with nursing injectable medicines may also be considered.

The following anticipatory drugs have been agreed as sensible initial choices for palliative care:

**Morphine sulphate oral solution** 10mg/5ml for pain, cough or breathlessness (not a controlled drug)  
**Lorazepam tablets** (sublingually) 1mg for anxiety especially if associated with breathlessness and on an opioid  
**Haloperidol** tablets /capsules/oral solution for delirium or nausea  
**Hyoscine** (hydrobromide) patches for noisy respiratory secretions

For a further list of drugs which can be used in EOL see

<https://clinox.info/Commissioning/Prescribing/COVID/Community%20EOLC%20Symptom%20Management%20During%20COVID%2019%20Final.pdf>

### **Access to anticipatory medication**

Some patients may deteriorate very quickly, consequently anticipatory medications may not be in the home/care home, especially if the patient was not previously thought to be palliative. Current practice often requires family members to pick up emergency medications from the pharmacy. During COVID-19 this may be more difficult due to isolation rules. For others it may be the lack of transport. Community nurses will in these instances pick up the medication. This means they may have to leave a distressed patient at the end of their life, resulting in a delay to the management of their symptoms. During out of hours pharmacy opening times are also a problem.

Quick and easy access to some key EOL medication would resolve these issues. Having stocks of the 4 key medications on accessible sites for GP's and community nursing staff would support the management of the patient's symptoms more quickly whilst other supplies or care options are put in place. GPs might also decide to have some limited stocks in their practice which could be used in an emergency if the GP has to visit the patient. It has been agreed that stocks for community nurses and Out of Hours GPs will be held at the OOH bases listed below

- **Abingdon** Minor injuries/GP out of hours : 01865903476
- **Witney** Minor injuries/GP out of hours: 01865903796
- **Henley** Minor injuries/GP out of hours: 01865903755
- **Bicester** GP out of hours ( weekends only): 01865903740
- **Banbury** GP out of hours only: 01865903454
- **Oxford** GP out of hours ( located in St Barts surgery): 01865903340

A direction to administer medication (DTA) form is required to enable a nurse who is not a V300 prescriber to administer the medication. If a nurse is in a home and has access to the anticipatory medication but no DTA then the prescriber will send a DTA direct to the nurse's email if they have an iPad or if this is not possible then the prescriber can send a text to the nurse's telephone. In either case, copy of the DTA **MUST** be sent via email to the DN duty desk.

If further supplies of drugs are needed for ongoing care for the patient then the prescriber will consult with the visiting community nursing team and agree the appropriate medication required going forward and send an EPS/FP10 to a pharmacy along with an appropriate DTA sent to the DNs.

### **Suggested anticipatory drugs (with some comments)**

**Morphine Sulphate oral solution (10mg/5ml)** 2.5-5mg 1-2 hourly prn for pain/breathlessness/cough (NB may need higher doses if already on regular opioid)

**Lorazepam tablets** 0.5-1mg up to max 4mg/24 hrs (can give sublingually) for anxiety/agitation/breathlessness with anxiety component or if severe- in addition to opioid (NB elderly 0.25-0.5mg up to max 2mg/24 hrs)

**Haloperidol tablets/capsules/oral solution** 0.5-3mg up to 2 hourly for delirium or nausea (max 10mg/24hrs or 5mg/24 hrs in elderly) (NB Consider higher starting dose 1.5-3mg if severely distressed/risk to others and adding lorazepam. Also note that haloperidol comes as 0.5mg capsules, 1.5mg tablets and 5mg tablets and there may be supply problems so need to check with pharmacy what is available. Give a dose range to cover the different pill sizes – if no haloperidol available for delirium can use Olanzapine orodispersible tablets sublingually 2.5mg od (half a 5.0mg tablet) (Can be increased to BD))

**Scopoderm 1.5mg patch** ½-1-2 patch every 72 hrs for distressing respiratory secretions (NB Scopoderm is a hyoscine patch and releases up to 1mg of hyoscine over 72 hours. It can be slow to act and can make delirium worse – only use if respiratory secretions are distressing. (Be aware these can take between 5-6 hours to take effect).

### **To generate the direction to administer (DTA) in EMIS**

This is the same procedure as is normal for the GP. Write a prescription as usual for the necessary drugs and you can send via EPS if needed to an appropriate pharmacy.

#### Example of drug prescription

Acute	
A	<b>Haloperidol 5mg/5ml oral solution sugar free</b> 0.5-3.0 mg every 2 hours for delirium or nausea (max 10mg in 24 hours or 5mg in elderly), 100 ml
B	<b>CD Lorazepam 1mg tablets</b> 0.5-1mg up to 4mg /24hours (can be given sublingually) prn for anxiety/agitation/breathlessness with anxiety component or if severe breathlessness - in addition to opioid, 20 tablet
C	<b>Morphine sulfate 10mg/5ml oral solution</b> 2.5-5.0mg 1-2hourly prn for breathlessness/cough/pain, 100 ml
D	<b>Scopoderm 1.5mg patches (GlaxoSmithKline Consumer Healthcare)</b> 1/2-1 patch every 72 hours for distressing respiratory secretions, 2 patch

Generate the DTA as usual from the EMIS clinical system using the OCCG proforma or using the generic DTA medicines form on the OCCG website <https://occg.info/DTA> for OOH GPs or V300 prescribers. The DTA for the above prescription is generated as below.

### Medication for community nursing staff administration

Drug	Dosage	Quantity	Last Issued On
Scopoderm 1.5mg patches (GlaxoSmithKline Consumer Healthcare)	1/2-1 patch every 72 hours for distressing respiratory secretions	2 patch	
Haloperidol 5mg/5ml oral solution sugar free	0.5-3.0 mg every 2 hours for delirium or nausea (max 10mg in 24 hours or 5mg in elderly)	100 ml	
Lorazepam 1mg tablets	0.5-1mg up to 4mg /24hours (can be given sublingually) prn for anxiety/agitation /breathlessness with anxiety component or if severe breathlessness - in addition to opiod	20 tablet	
Morphine sulfate 10mg/5ml oral solution	2.5-5.0mg 1-2hourly prn for breathlessness/cough/pain	100 ml	