# End of Life Symptom Management Guidelines During COVID 19

**(Including medicines avoiding s/c route)**

A moist mouth and regular mouth care is important for maximal benefit when using sublingual and buccal preparations – please ensure regular oral hygiene, keeping the mouth moist with water, ice chips and gently brushing with a soft toothbrush where able.

<table>
<thead>
<tr>
<th>Breathlessness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid naive (i.e. no previous opioids) and able to swallow</strong></td>
</tr>
<tr>
<td>Standard Practice (should be followed if possible)</td>
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<tr>
<td>Morphine sulfate immediate-release 2.5 mg to 5 mg every 2 to 4 hours as required</td>
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<tr>
<td>Or</td>
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<tr>
<td>morphine sulfate modified-release 5 mg twice a day, increased as necessary (maximum 30 mg daily)</td>
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<tr>
<td>In renal impairment: Oxycodone 1.25mg to 2.5mg PO hourly PRN (oral Oxycodone solution 5mg/5ml).</td>
</tr>
<tr>
<td>Alternative (only if standard practice not possible)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Already taking regular opioids for other reasons (for example, pain relief)</th>
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<tbody>
<tr>
<td>Standard Practice (should be followed if possible)</td>
</tr>
<tr>
<td>Morphine sulfate immediate-release 5 mg to 10 mg every 2 to 4 hours as required</td>
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<tr>
<td>or</td>
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<tr>
<td>one twelfth of the 24-hour dose for pain, whichever is</td>
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<tr>
<td>Alternative (only if standard practice not possible)</td>
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<tr>
<td>Patients who are unable to swallow</td>
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</tbody>
</table>
| Morphine sulfate 1 mg to 2 mg subcutaneously every 2 to 4 hours as required, increasing the dose as necessary. If needed frequently (more than twice daily), a subcutaneous infusion via a syringe driver may be considered (if available), starting with morphine sulfate 10 mg over 24 hours, increasing stepwise to morphine sulfate 30 mg over 24 hours as required | **Concentrated** oral Morphine (Oramorph concentrated solution 20mg/1ml®) can be used sublingually:  
- This as a last resort if nothing else available.  
  - Some evidence of effect  
  - Beware concerns as significant impact to over or under dose.  
  - To aid identification the concentrated solution is **RED** in colour  
  - 2mg = 0.1mls  
Or if unable to tolerate morphine/renal impairment present  
**Concentrated** Oxycodone (OxyNorm® Concentrate 10mg/ml oral solution) can be used sublingually:  
- This as a last resort if nothing else available.  
  - Some evidence of effect  
  - Beware concerns as significant impact to over or under dose.  
  - To aid identification the concentrate solution is **ORANGE** in colour  
  - 1mg = 0.1mls  
*Caution strength - care when prescribing & dispensing* |

<table>
<thead>
<tr>
<th>If there is a strong anxiety component</th>
<th>Greater</th>
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</table>
| Lorazepam 0.5 mg sublingually when required (maximum 4 mg daily)  
Reduce the dose to 0.25 mg to 0.5 mg in elderly or debilitated patients (maximum 2 mg in 24 hours) | Buccal Midazolam (Buccolam®) 2.5mg prefilled oral syringes. 2.5mg 2 hourly PRN  
Midazolam 2.5mg to 5mg SC 1 to 2 hourly PRN SC |
Midazolam 10 mg over 24 hours via the syringe driver, increasing stepwise to midazolam 60 mg over 24 hours as required

<table>
<thead>
<tr>
<th>Cough</th>
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<tbody>
<tr>
<td>Clinical Indication</td>
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<tr>
<td>Non-drug measures</td>
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<thead>
<tr>
<th>Fever</th>
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<tbody>
<tr>
<td>Clinical Indication</td>
</tr>
<tr>
<td>Consider non-pharmacological methods</td>
</tr>
<tr>
<td>NSAIDS currently not recommended for use in suspected or confirmed Covid-19 however if patient in last days of life and required</td>
</tr>
</tbody>
</table>
### Anxiety, agitation and restlessness

<table>
<thead>
<tr>
<th></th>
<th>Standard Practice</th>
<th>Alternative</th>
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<tbody>
<tr>
<td>Patients who are able to swallow</td>
<td>Lorazepam 0.5 mg to 1 mg 4 times a day as required (maximum 4 mg in 24 hours) Reduce the dose to 0.25 mg to 0.5 mg in elderly or debilitated patients (maximum 2 mg in 24 hours) Oral tablets can be used sublingually (off-label use)</td>
<td>Olanzapine orodispersible tablets 5mg, 2.5 to 5mg (1/2 to one tablet) ON (can be increased to BD if needed, max 10mg/24 hours)</td>
</tr>
<tr>
<td>Patients who are unable to swallow</td>
<td>Midazolam 2.5 mg to 5 mg subcutaneously every 2 to 4 hours as required If needed frequently (more than twice daily), a subcutaneous infusion via a syringe driver may be considered (if available) starting with midazolam 10 mg over 24 hours Reduce dose to 5 mg over 24 hours if estimated glomerular filtration rate is less than 30 ml per minute</td>
<td>Buccal midazolam (Bucolem®) 2.5mg 2 hourly PRN</td>
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### Delirium

<table>
<thead>
<tr>
<th>Clinical Indication</th>
<th>Standard Practice</th>
<th>Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients who are able to swallow</td>
<td>Haloperidol 0.5 mg to 1 mg at night and every 2 hours when required. Increase dose in 0.5-mg to 1-mg increments as required (maximum 10 mg daily, or 5 mg daily in elderly patients)</td>
<td>Olanzapine tablets 2.5mg, 2.5 to 5mg OD (Can be increased to BD if needed, max 10mg/24 hours).</td>
</tr>
</tbody>
</table>
Patients who are unable to swallow

| | Haloperidol 0.5 to 1mg SC at night and every 2 hours when required
| | Or
| | a continuous subcutaneous infusion of 2.5 mg to 10 mg over 24 hours
| | Or
| | Levomepromazine 12.5mg to 25mg SC hourly as required (use 6.25 mg to 12.5 mg in the elderly) (please note levomepromazine can last up to 24 hours)
| | Or
| | A continuous subcutaneous infusion of levomepromazine 50 mg to 200 mg over 24 hours, increased according to response (doses greater than 100 mg over 24 hours should be given under specialist supervision)
| | Olanzapine orodispersible tablets 5mg, 2.5 to 5mg (1/2 to one tablet) ON (can be increased to BD if needed, max 10mg/24 hours)
| | Risperidone orodispersible tablet 0.5mg OD (can be increased to BD if needed)

Noisy respiratory Secretions

| | Standard Practice | Alternative |
| | Hyoscine Butylbromide (Buscopan®) 20mg SC PRN 6-8hrly | Hyoscine Hydrobromide patch (Scopoderm®1.5mg patches) 1 patch every 72 hours. Patches can be cut into ¼ or ½ if dose reduction needed. |
| | Hyoscine Butylbromide (Buscopan®) 40 - 120mg/24hrs via a syringe driver. | Hyoscine Hydrobromide 300mcg tablets (Kwells®) SL 300 |
### Pain

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>Simple analgesia</strong></td>
<td></td>
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<tr>
<td>Paracetamol 1g PO QDS max 4g/24hrs</td>
<td>Paracetamol suppositories 1g QDS PR can be used if unable to use via the oral route.</td>
</tr>
<tr>
<td>Use of NSAIDS for Covid-19 is currently not supported however if in the last days of life they may be considered.</td>
<td>Diclofenac suppositories 50mg TDS (only to be used at End of Life)</td>
</tr>
<tr>
<td>However, if using consider Naproxen 500mg BD or Ibuprofen 400mg TDS</td>
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</table>

### Opioids

#### Morphine - Use morphine first line if possible.

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Oral Morphine solution (10mg/5ml)</td>
<td>Concentrated oral morphine (Oramorph concentrated solution 20mg/1ml®) can be used sublingually:</td>
</tr>
<tr>
<td>2.5 to 5mg hourly PRN.</td>
<td>- This as a last resort if nothing else available.</td>
</tr>
<tr>
<td>If starting modified release Morphine consider a starting dose 10mg PO BD (reduce to 5mg BD if frail or concerned about dose e.g. due to known renal impairment).</td>
<td>- Some evidence of effect</td>
</tr>
<tr>
<td>S/C morphine</td>
<td>- Beware concerns as significant impact to over or under dose.</td>
</tr>
<tr>
<td>Morphine Sulfate injection 2.5mg to 5mg SC hourly PRN.</td>
<td>- to aid identification the concentrated solution is RED in colour</td>
</tr>
<tr>
<td>Morphine 5mg to 20mg /24 if required in a syringe driver</td>
<td>- 2mg = 0.1mls</td>
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#### Oxycodone - Oxycodone to be used if known morphine

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<tr>
<td>Oxycodone 1.25mg to 2.5mg PO hourly PRN (oral Oxycodone solution 5mg/5ml).</td>
<td>Concentrated Oxycodone (OxyNorm® Concentrate 10mg/ml oral solution) can be used sublingually:</td>
</tr>
<tr>
<td>Intolerance or known significant renal impairment. <em>Caution potency</em> PO Morphine: PO Oxycodone = 2:1 e.g. Morphine 20mg PO = Oxycodone 10mg PO</td>
<td>If starting modified release consider oxycodone 5mg BD. S/C Oxycodone: Oxycodone injection 1.25 to 2.5mg SC hourly PRN Oxycodone 5mg to 20mg/24hrs if required in a syringe driver Start lower doses in opioid naïve, frail or elderly patients. If known or highly suspected renal failure please start: Oxycodone 5mg/24 hours and monitor.</td>
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<tr>
<td>Transdermal Patches</td>
<td>Buprenorphine 5 microgram/hr patch equivalent to 15mg oral morphine/24 hours. Fentanyl 12 microgram /hr patch, equivalent to 30mg oral morphine/24 hours Caution - If fever present there can be a surge in absorption, so use with caution. Patches also take time to reach a peak effect from 12-72 hours, limiting appropriate use.</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>Hyoscine Butylbromide 20mg S/C PRN 6 hourly. Hyoscine Butylbromide: 60mg to120mg/24 hours if required in a syringe driver</td>
</tr>
</tbody>
</table>
Hyoscine hydrobromide may cause agitation/delirium – monitor for this and consider stopping should this occur.

Rapid acting fentanyl products such as Abstral or Effentora should only be used under advice of specialist palliative care team

### Nausea and Vomiting

<table>
<thead>
<tr>
<th>Standard Practice</th>
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<tbody>
<tr>
<td><strong>Generalised nausea</strong></td>
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</tr>
<tr>
<td>Metoclopramide 10 mg PO/SC TDS PRN</td>
<td>Olanzapine orodispersible tablets 5mg, 2.5 to 5mg (1/2 to one tablet) ON (can be increased to BD if needed, max 10mg/24 hours)</td>
</tr>
<tr>
<td>Haloperidol 1-1.5mg nocte PO or SC</td>
<td>Prochlorperazine Buccal 3mg to 6mg every 12 hours</td>
</tr>
<tr>
<td>If risk of intolerances or parkinsonian side effects consider:</td>
<td>Ondansetron orodispersible tablets 4mg 6-8 hourly PRN max 16mg/24hr</td>
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<tr>
<td>Cyclizine 50 mg TDS PO or</td>
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<tr>
<td>or Ondansetron 4-8 mg 4 hourly PRN max 16 mg in 24 hours.</td>
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<tr>
<td><strong>Refractory nausea</strong></td>
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<tr>
<td>2nd: Levomepromazine 6.25 mg 4-6 hourly PO/SC</td>
<td>Levomepromazine 6mg tablets (Levinan®) 3mg (1/2 tablet) 4-6 hourly PRN – please note can last 24 hours</td>
</tr>
<tr>
<td>If symptoms continue seek palliative care advice</td>
<td>Olanzapine orodispersible tablets 5mg, 2.5 to 5mg (1/2 to one tablet) ON (can be increased to BD if needed, max 10mg/24 hours)</td>
</tr>
<tr>
<td></td>
<td>Granisetron patch 3.1mg/24 hours, change every 7 days.</td>
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<tr>
<td></td>
<td><strong>Please note – not ideal given time for effect &amp; lack of PRN option, should be used only when all other options have failed</strong></td>
</tr>
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</table>

*Please note – not ideal given time for effect & lack of PRN option, should be used only when all other options have failed**
Guaranteed Provision of Palliative Care Drugs Scheme

The document below includes a list of participating pharmacies and the list of palliative care drugs that these pharmacies are guaranteed to stock. It is recommended to call the pharmacy ahead to check if there is any issue, as well as to confirm pharmacy opening times as this may change due to the current pandemic. Please note that carers and healthcare professionals are not restricted to obtaining palliative care drugs only from the pharmacies taking part in this scheme. Prescriptions for palliative care drugs can be fulfilled by any other community pharmacy.

- Guaranteed Provision of Palliative Care Drugs in the Community