PALLIATIVE CARE IN THE COVID-19 WARDS (JUNE 2020)

Document category status and any relevant conversations with patient and/or family.
Communicate decisions with whole team.
Include non-pharmacological management and give medication orally where possible.
Attention to good mouth care.

"To **cure sometimes**, to relieve **often**, and to **comfort always**."
Stay calm and use PPE
Communicate clearly and compassionately
Your presence means a lot
Don't forget the family

SPECIFIC SYMPTOM MANAGEMENT

Relevant to all symptomatic COVID patients, no matter their expected outcomes

FEVER

No fans
Wet cloth, remove some bedding
Paracetamol 1g 6hrly orally or IV if unable to swallow

Treatment intent = to alleviate distress: titrate doses accordingly.
COVID symptoms might advance rapidly, needing dose escalation; reassess!
Ask for help from palliative care experts.

DYSPNOEA

- No nebulizing
- Correct positioning (prone if appropriate) and breathing techniques- *'smell the roses, blow out the candles'*
- **O_2 if sats <90% (if resources allow)**

Oral morphine 2mg-5mg po q1h until settled, then q4h;
OR Morphine 1mg-2mg SC/IV q1h until settled, then q4h
OR Fentanyl patch 12mcg-25mcg/h q72h (may take up to 8-12h to be effective; give morphine po/sc to start)

Note:
Increase dose by 25% if patient is struggling, until comfortable
Use lower doses and bigger dosage intervals in elderly
Always prescribe rescue doses of morphine: 24h dose ÷6
Add metoclopramide 10mg q8h po/iv/sc: nausea s/e

DELIRIUM/AGITATION

- Exclude reversible causes like hypoxia, urinary retention, constipation, pain
- Use medication only if patient is distressed, hallucinating or danger to self or others.

Haloperidol 0,5mg po q1h until settled; then q4h prn (or SC bolus) (preferred; often unavailable)
OR Risperidone 0.25mg-0.5mg po bd
OR Olanzapine 2.5mg-5mg po bd (or SC bolus)
OR Quetiapine 12.5mg-50mg po bd
OR Ziprasidone 10mg imi

ANXIETY

- Be calm, reassuring and present.

ORALLY
Lorazepam 1mg-2mg SL q2h prn until settled, then 6-12h (preferred)
OR Alprazolam 0.5mg-1mg po q8h prn
OR Diazepam 2,5mg po prn until settled - then 5mg-10mg po bd
OR Clonazepam 0.5mg po q8h prn
SUBCUT bolus
Midazolam 2,5mg-5mg SC q1h until symptoms settle
OR Clonazepam 0.5mg SC q8h prn (long T1/2)

IF SYRINGE DRIVER AVAILABLE:

Check specifications of specific driver.
Initial stat oral/sc doses will be required.
Morphine: calculate oral morphine dose required over 24h, divide total dose by 2-3 and deliver this over 24h by continuous sc infusion.

Suggested starting dose over 24h:
Morphine 15mg + Metoclopramide 20mg + Midazolam 10mg.
Can also add haloperidol 5mg if agitated
Buscopan 20mg- 60mg/24h SC for resp secretions at EoL

Note on subcutaneous (SC) bolus route:
Can use a 23G butterfly, left in situ on chestwall, taped down with clear dressing – monitor site at each use.