Management of symptoms in palliation of the COVID-19 patient

For opioid naïve patients with **distressing breathlessness** please consider starting a syringe driver of:

Morphine 10mg + Midazolam 10mg subcut./24hrs **OR** Oxycodone 5mg + Midazolam 10mg subcut./24hrs (if eGFR<30)

For patients already on opioids follow local guidance with converting drug into parenteral doses

For all other COVID-19 patients, please ensure the following symptoms are considered and PRN/regular medication prescribed:

Symptom	Recommendation	If injectable route not available (community or care home setting), consider
Breathlessness AND/OR Pain	Morphine 2.5mg subcut. 2 hourly prn **OR** Oxycodone 1.25mg subcut. if eGFR <30 and then commence subcut. syringe driver as above **If patient still able to swallow:** Morphine Sulphate liquid 5mg 2 hourly PRN **OR** Oxynorm 2.5mg if eGFR<30 Paracetamol PO for pain *Avoid fans if risk of spreading infection**	Paracetamol 500mg-1g *supps* PR for pain Zomorph *capsules* can be opened and sprinkled onto food Buprenorphine patch: Starting dose depending upon conversion from oral opioid Fentanyl patch: High potency – use only if converting from higher oral doses *Note patches will take 24 hours to have significant effect and risk of increased absorption with fever - use last resort* Abstral (sublingual Fentanyl) could be an alternative - starting dose 100 micrograms which may be repeated after 15-30 minutes. Seek advice if further titration required.
Respiratory secretions	**Early use** of syringe driver with Glycopyrronium 1.2mg subcut/24hrs initially. ***If syringe driver device unavailable*** 200micrograms 2 hourly subcut. PRN up to 1.2mg/24hrs initially **OR** Buscopan (Hyoscine Butylbromide) 60mg subcut/24hrs initially. ***If syringe driver device unavailable*** 10mg-20mg 2 hourly subcut. PRN up to 60mg/24 hrs initially *Avoid suction*	Hyoscine Hydrobromide *(Kwells)* 300micrograms SL tablets 6 hourly Hyoscine Hydrobromide (*Scopaderm)*1mg/72hrs patch Atropine 1% drops (Ophthalmic drops) 2 drops sublingually every 2-4hrs
Anxiety	Midazolam 2.5mg subcut 2 hourly prn If persistent anxiety, consider a subcut infusion via a syringe pump (starting dose Midazolam 10mg/24hrs) If oxygen only needs to be continued for anxiety reasons minimise flow rate	Lorazepam *tablet* 0.5mg sublingually up to hourly PRN if patient still able to swallow. Usual maximum 4mg/24hrs **Or** Oxazepam *tablet* 5mg-10mg sublingually up to hourly PRN. Usual maximum 40mg/24hrs
Cough	Simple linctus-5mls QDS PO **OR if ineffective:** Codeine phosphate linctus-15mg QDS PO **OR** Morphine Sulphate liquid 2.5mg 4 hourly PO **OR** Morphine sulphate inj. 2.5mg subcut. 2 hourly PRN	
Delirium	Haloperidol tablets/oral solution or subcut 0.5mg-1mg every 2-4hrs (Subcut. syringe driver 2.5-5mg/24hrs if persistent symptoms) **If significant agitation consider:** Midazolam 2.5-5mg subcut 2 hourly (Subcut. syringe driver 10-20mg/24hrs) Levomepromazine 5mg subcut 4 hourly (Subcut. syringe driver 10-25mg/24hrs)	Risperidone *orodispersible tablet* 0.5-1mg OD/PRN Olanzapine *velotabs tablet* 5-10mg OD/PRN Buccal midazolam (5mg/ml) pre-filled syringes 5mg-10mg Can be repeated after 10 minutes if rapid sedation needed. 5mg if weight <50kg or elderly Consider Diazepam PO 2.5mg to 10mg 2-4 times a day but may worsen symptoms. Rectal Diazepam pre-filled syringes may also be considered.
Nausea or vomiting	Cyclizine 50mg PO/subcut. 8hourly (Subcut. syringe driver 150mg/24hrs) Levomepromazine 2.5-5mg PO/subcut. 4hourly (Subcut. syringe driver 5-25mg/24hrs) Haloperidol 0.5-1mg PO/subcut. 4hourly (Subcut. syringe driver 2.5-5mg/24hrs)	Hyoscine Hydrobromide *(Kwells)* 300micrograms sublingual tablets 6 hourly Ondansetron *orodispersible tablets* 4-8mg 8-12 hourly Domperidone *buccal tablets* 3mg-6mg 12 hourly Domperidone *suppositories* 30mg PR 12 hourly Olanzapine *velotabs tablet* 5-10mg OD/PRN
Fever	Regular antipyretics such as paracetamol PO 1g QDS. Max 4g/24 hours Use of NSAIDs not recommended in COVID-19. However, if a patient is close to the end of life, it may be appropriate to consider use of NSAIDs e.g. Oral Ibuprofen 400mg TDS if able to swallow **Or** Diclofenac 75mg SC/IM 12 hourly **Or** Parecoxib 10-20mg subcut. 4-6 hourly *Avoid fans if risk of spreading infection*	

Sedation and opioid use should not be withheld because of an inappropriate fear of causing respiratory depression