HERPC
Hull and East Riding Prescribing Committee

Clinical guidelines for the control of symptoms in the COVID-19 patient in a community setting

This guidance has been created for the specific pattern of symptoms reported in those with severe COVID-19 infection, to supplement existing regional symptom control guidance - http://www.yhscn.nhs.uk/common-themes/end-of-life-care/httpwwwyhscnnhsukcommon-themesend-of-life-careKey-.php
In acute phase of COVID-19, it is important patients have their symptoms controlled **alongside** active medical treatment.
Note: Opioid and benzodiazepine use in palliation should not be withheld because of fear of causing respiratory depression.

For all COVID-19 patients, please ensure the following symptoms are considered and PRN/regular medication is prescribed depending upon symptom assessment.

For patients with **distressing breathlessness at rest and unable to take oral medications**, please consider starting continuous subcutaneous infusion via a syringe driver of:

Morphine sulphate 10mg + Midazolam 10mg subcut / 24hrs
OR *if severe renal impairment* (eGFR<30 mL/min)*:* Oxycodone 5mg + Midazolam 10mg subcut / 24hrs
(doses may need to be increased if severe symptoms; please ring palliative care team for advice).
NOTE: patients can still have additional PRN medications as required.

Alternatives are suggested below for those patients unable to swallow, to be considered **when usual drugs or syringe drivers are not available**.

Symptom assessment and rationale for selected management should be clearly documented.

For patients approaching end of life, non-pharmacological management and care for the person/their family along with clear and compassionate discussions are key. Remind carers of the non-drug measures that can help symptoms – some suggestions included below. Please refer to local guidance and documentation for care of the dying person.

For further advice please contact Specialist Palliative Care team:	
Community Services	**Hospice** (advice available from Doctor on call rota 24hours 7 days a week)
01482 247111 select or ask for Palliative Care (team office 8-5pm)	**Dove House Hospice 01482 784343** St Leonard's Hospice, York 01904 708553 St Catherine's Hospice, Scarborough 01723 351421

Please refer to Regional Symptom Control Guidance, HERPC Palliative prescribing guide and opioid conversion chart:

http://www.yhscn.nhs.uk/common-themes/end-of-life-care/httpwwwyhscnnhsukcommon-themesend-of-life-careKey-.php

https://www.hey.nhs.uk/wp/wp-content/uploads/2016/03/commencingPalliativeCareMedicinesJIC.pdf

https://www.hey.nhs.uk/wp/wp-content/uploads/2018/02/opioids.pdf

Symptom	Non-pharmaceutical measures	Clinical considerations	Recommendation	Alternatives
Breathlessness (at rest or minimal exertion)	Note: Fan NOT recommended in COVID-19 (increases infection control risk). Consider ventilation & reducing room temperature (open window), positioning (sit upright), relaxation techniques (calm hand), cool wipes.	Opioid naïve (i.e. no previous opioids) and able to swallow ***Use lower doses in elderly/frail patients***	Morphine sulphate immediate release solution 2.5 OR 5mg PO two hourly PRN. (If eGFR <30 mL/min, please use Oxycodone immediate release solution 1.25 to 2.5 mg PO two hourly PRN instead). If effective, convert ASAP to Morphine sulphate modified release 5 to 10mg PO BD (or Oxycodone modified release 5mg PO BD, if eGFR <30). Consider a laxative and PRN anti-emetic.	If two or four hourly administration is impractical, consider Morphine sulphate modified release 5 to 10mg PO BD (or Oxycodone modified release 5mg PO BD, if eGFR <30) straight away.
		Patients who are on regular opioids for pain relief	Morphine sulphate immediate release solution 5 to 10mg PO two hourly PRN or one twelfth of the 24 hr dose for pain, whichever is greater. (If eGFR <30 mL /min, use Oxycodone immediate release solution 2.5 to 5 mg PO two hourly PRN instead).	If two or four hourly administration is impractical, consider cautious titration of their regular opioid dose. If unsure, seek Specialist Palliative Care advice.
		Patients who are unable to swallow **Recommendation to use subcutaneous route**	Morphine sulphate 2.5mg subcutaneous two hourly PRN. (If eGFR <30 ml/min, please use Oxycodone injection 1.25mg subcutaneous two hourly PRN instead). If needed regularly (>2 doses per day), consider a continuous subcutaneous infusion via a syringe driver (starting dose Morphine sulphate 10mg /24hr or Oxycodone 5mg/24 hr). **Note:** Morphine Sulphate injection is the recommended 1st line subcutaneous drug – if unavailable, diamorphine s/c injection can be substituted, 2.5mg two hourly PRN, starting dose via syringe driver diamorphine 10mg/24hr	Where a syringe driver is clinically indicated but is not available, delivery of regular (4 hourly) subcutaneous doses via indwelling subcutaneous line can be considered. In renal impairment, subcutaneous PRN doses will be cleared more slowly, so have a longer duration of action and may only need to be given once or twice daily. **Alternatives when syringe driver unavailable:** • Fentanyl patch 12mcg/hour changed every 72hours - approximate equivalence to 30-45mg morphine/day and as such this should be avoided in opioid naïve patients. (If commencing fentanyl patch in opioid naïve patients, do so with caution - fentanyl patches 12mcg/h must be cut in half diagonally (as long as it is a matrix patch and not a reservoir patch), apply half a patch to deliver 6mcg/hour). Oral morphine can be given buccally PRN although absorption is less predictable, and this is not recommended unless no alternative (seek palliative care advice). Draw up in syringe, apply buccally and rub cheek to aid absorption. Subcutaneous dose is approximately equivalent to the buccal dose. (The concentrated morphine solution may be needed but ensure correct dosage).

Symptom	Non-pharmaceutical measures	Clinical considerations	Recommendation	Alternatives
Distress or Agitation	Consider and treat reversible causes e.g. urinary retention, constipation Sensitively explore concerns Consider spiritual needs/support	Patients who are able to swallow	Lorazepam 0.5 to 1mg sublingual PRN two to four hourly	Diazepam 2 mg orally PRN up to QDS
		Patients who are unable to swallow	Midazolam 2.5mg subcut PRN two to four hourly If needed regularly (>2 doses per day), consider a continuous subcut infusion via a syringe driver (starting dose Midazolam 10mg /24hr - reduce to 5mg/24 hr if eGFR<30)	Midazolam 2.5mg (0.5ml) PRN can be given buccally (10mg/2mls preparation) although not recommended unless no alternative (seek palliative care advice) – use needle and syringe to draw up the dose to prevent glass particle contamination, then remove needle, and administer by syringe. Dose can be increased to 5mg (1ml) if required. Diazepam 5mg oral tablets given rectally PRN (or Diazepam 10mg suppositories PRN) Consider lorazepam sublingual 0.5 to 1mg up to QDS, if able to tolerate safely 2nd line - Levomepromazine 6.25mg subcutaneous injection (but benzodiazepines are 1st line)
Cough	Oral fluids if tolerated	Opioid naïve	Simple linctus 5mls orally QDS If ineffective: Morphine sulphate immediate release solution 2.5mg orally PRN four hourly; increase dose by 1/3 if already on morphine (if eGFR <30, please use Oxycodone immediate release solution 1.25 mg orally PRN four hourly instead).	
Fever	Open windows, loose clothing/bedding, cooling measures (Fan NOT recommended in COVID-19)		Regular antipyretics such as paracetamol – oral or rectal route (avoid NSAIDs)	
Delirium	Re-orientate, appropriate lighting, consistency of staff and environment where possible	Consider and treat reversible causes such as hypoxia and pyrexia	If clinically hypoxic, give oxygen if available Manage fever as above	
Secretions (in last days/hours of life)	Repositioning, reassurance and explanation to family/carers		Buscopan 20mg subcutaneous injection PRN 4-6 hourly. If needed regularly (>2 doses per day), consider a continuous subcutaneous infusion via a syringe driver (starting dose Buscopan 60mg /24hr increasing to 120mg /24 hours if severe).	2nd line: glycopyrronium 400microg subcutaneous injection PRN (long acting, can last 8 hours) Hyoscine Hydrobromide 1mg/72hour patch could be considered if s/c route unavailable (caution – risk of paradoxical agitation, avoid if distress/agitation and use Buscopan or glycopyrronium instead)