

## Symptom Management for Adult Patients with COVID-19 Receiving End-of-Life Supportive Care Outside of the ICU

**BEFORE** enacting these recommendations, **PLEASE** identify patient's **LEVEL OF INTERVENTION**  
 These recommendations are consistent with: **No CPR, no ICU transfer, comfort-focused supportive care**

Suggested tools to assist with conversation:

From Seattle MDs: **COVID-19 Conversation Tips** (<http://bit.ly/SeattleVitalTalkCOVID19>)

**Serious Illness Conversation Guide** (<http://bit.ly/SeriousIllnessConversationGuide>)

**Communicating Serious News** (UpToDate; requires login <http://bit.ly/CommunicatingSeriousNews>)

**All below are STARTING doses. COVID-19 symptoms may advance quickly. Be prepared to escalate dosing.**

*Consider dose ranges to give frontline staff capacity for urgent clinical decision-making as needed.*

**PATIENT NOT ALREADY  
 TAKING OPIOIDS  
 (OPIOID NAÏVE)**

### **OPIOIDS**

For dyspnea or Acute Respiratory Distress:

(ALL relieve dyspnea & can be helpful for cough - *codeine is not recommended*)

**Opioids help relieve acute respiratory distress and agitation, contribute to energy conservation**

Begin at low end of range for frail elderly

**Start with PRN \*but\* low threshold to advance to q4h / q6h scheduled dosing: Avoid PRN = "Patient Receives Nothing"**

#### **morphine**

2.5 to 5 mg PO \*OR\* 1 - 2 mg subcut / IV q1h PRN (*subcut / IV can be q30min PRN*).

#### **HYDROMORPHONE**

0.5 to 1 mg PO \*OR\* 0.25 to 0.5 mg subcut / IV q1h PRN (*subcut / IV can be q30min PRN*).

**If using more than 3 PRNs in 24h, MD to review. Consider dosing at q4h REGULARLY (consider q6h for frail elderly) \*AND\* continue a PRN dose.**

### **TITRATE UP AS NEEDED**

Also consider (see guidelines\*):

Antiemetic, eg. **metoclopramide** subcut  
 Bowel Protocol, eg. **polyethylene glycol (PEG)**, **sennosides**

**PATIENT ALREADY  
 TAKING OPIOIDS**

For dyspnea or Acute Respiratory Distress:

Continue previous opioid, **consider increasing by 25%**

To manage breakthrough symptoms: **Start opioid PRN at 10% of total daily (24h) opioid dose**

Give PRN:

**q1h PRN if PO, q30min if subcut**

### **RESPIRATORY SECRETIONS / CONGESTION NEAR END-OF-LIFE**

Consider **glycopyrrolate** 0.4 mg subcut q4h PRN

**\*OR\***

if query fluid overload, consider **furosemide** 20 mg subcut q2h PRN & monitor response

**FOR ALL PATIENTS:  
 OTHER MEDICATIONS**

Opioids are the mainstay of dyspnea management, these can be helpful adjuvants

For associated anxiety:

#### **LORazepam**

0.5 to 1 mg SL q2h PRN, initial order: max 3 PRN / 24h, MD review when max reached.  
*Consider q6-12h regular dosing*

For severe dyspnea / anxiety:

#### **midazolam**

1 to 4 mg subcut q30min PRN, initial order: max 3 PRN / 24h, MD review when max reached.  
*Consider continuous infusion if available. If no continuous pump available, contact the Palliative Care Consultation Team*

### **MAY REQUIRE MUCH MORE**

For agitation or restlessness:

#### **methotrimeprazine**

5 to 12.5 mg subcut q4-6h PRN  
*Consider regular dosing if more than 4 doses in 24h or consult Palliative Care Consultation Team*

**Engage with your team to ensure comfort is the priority as patients approach end of life. Please ensure written orders reflect this. Unmanaged symptoms at time of death will add to distress of patients, family members & bedside staff.**

These recommendations are for reference and do not supersede clinical judgment.

**We have attempted to decrease complexity to allow barrier-free use in multiple settings.**

Evidence supports that appropriate opioid doses do not hasten death in other conditions like COPD or advanced cancer; reassess dosing as patient's condition or level of intervention changes.

\*BC Centre for Palliative Care Guidelines <http://bit.ly/BCCentreSymptomManagementGuidelines>

This document has been adapted with permission from Fraser Health Authority.

Recommendations compiled collaboratively with input from a team of BC Palliative Care MDs, pharmacists & allied health. Feedback to [Palliative.Care.Consult.Team@northernhealth.ca](mailto:Palliative.Care.Consult.Team@northernhealth.ca)