northern health
the northern way of caring

For further assistance, please contact:
NH Palliative Care Consultation Team

Nurse Consultants: 250-645-3791
Monday to Friday 8am to 4pm (excluding stats)

Physician to Physician Consultation:
UHNBC Switchboard 250-565-2000
24 hours a day, 7 days a week

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 VitalTalk: 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 opioids relieve dyspnea & can be helpful for cough - *codeine is not recommended*.

Opioids help relieve acute respiratory distress and agitation, and 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.

morphine
2.5 to 5 mg PO q1h PRN ***OR***
1 to 2.5 mg subcutaneous/IV q30min PRN

HYDROmorphone
0.5 to 1 mg PO q1h PRN ***OR***
0.25 to 0.5 mg subcutaneous/IV 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** subcutaneous

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 subcutaneous

Respiratory secretions / congestion near end-of-life

Assess patient positioning and consider repositioning.

Consider **glycopyrrolate** 0.4 mg subcutaneous q4h PRN

OR

If query fluid overload, consider **furosemide** 20 mg subcutaneous/IV 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 sublingual q2h PRN, initial order: max 3 doses in 24 hours, MD review when max reached
Consider q6 to12h regular dosing

For severe dyspnea / anxiety:
midazolam
1 to 4 mg subcutaneous q30min PRN, initial order: max 3 doses in 24 hours, MD review when max reached

Consider continuous infusion if available. If no continuous pump available, contact the Palliative Care Consultation Team.

For agitation or restlessness:
methotrimeprazine
6.25 to 12.5 mg subcutaneous q4h PRN
Can also be given buccally
Consider regular dosing if more than 3 doses in 24 hours

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