

Stockport One Page Summary of Symptom Control Guidance for Acutely Unwell Patients in the Community with Covid-19 *

Breathlessness – mild to moderate

- Morphine oral solution 2.5-5mg 3 hourly prn (1-2mg SC if unable to swallow)
- Lorazepam 500micrograms-1mg sublingually 8 hourly prn
- Consider morphine modified release (M/R) 5mg bd (titrate to max 15mg bd)

Breathlessness – Last days of life (if unable to swallow)

Mild to moderate:

- Morphine 2.5-5mg SC 2 hourly prn and / or midazolam 2.5mg SC 1 hourly prn
 - Consider morphine 10mg and/or midazolam 10mg/24 hours by CSCI[#] in a syringe pump, increasing dose **step-wise** as appropriate ▲
 - Syringe pump dose may need to be reviewed every 8-12 hours if prn dose requirements are escalating rapidly
- NB Severe / ARDS / Symptoms not responsive to the above – seek advice from Stockport Palliative Care Team ▲**

Cough

- Simple linctus 5-10ml qds then codeine linctus 30-60mg qds or morphine oral solution 2.5mg 4 hourly prn
- **Last days of life (and unable to swallow):** Morphine 2.5–5mg SC 2hourly prn & consider morphine 10mg/24hrs by CSCI in syringe pump

Delirium/Agitation

(Seek specialist advice if patient has Parkinson's disease) ▲

- Lorazepam sublingually 500 micrograms twice daily and then PRN – maximum dose 4mg in 24 hours
- Second line- try haloperidol 750 micrograms nocte
- If severe agitation, subcut haloperidol or levomepromazine can be used but suggest that you seek advice first ▲

Last days of life for delirium/agitation when unable to swallow:

- Midazolam 2.5-5mg SC immediately and 1 hourly prn. If need > 3 doses in 24 hours seek advice ▲
- Lorazepam can also be used as above
- May need to maintain with midazolam 10mg/24 hours by CSCI in a syringe pump (or according to previous prn usage) and increasing dose **step-wise** as appropriate ▲
- Second line if midazolam alone not effective add in:
 - Levomepromazine 12.5-25mg SC stat & 6 hourly prn and titrate according to response
 - Maintain with levomepromazine and midazolam via CSCI syringe pump / 24hrs according to response ▲

Fever

- **Paracetamol 1g PO/PR QDS**

Respiratory secretions (thought to be uncommon in COVID patients)

Last days of life options:

- Hyoscine butylbromide 20mg SC prn & 60-120mg/24 hours by CSCI in a syringe pump (see warning below**) ▲
- Glycopyrronium 200 micrograms SC prn 2 hourly & 600-1200 micrograms/24 hours by CSCI in a syringe pump

Pain

Last days of life and unable to swallow:

- Morphine 2.5-5mg SC 2 hourly prn
- If repeated doses required, consider morphine 5-10 mg/24 hours by CSCI in a syringe pump
- If already on regular opioids, seek advice ▲

Nausea/vomiting (thought to be unusual in COVID patients)

Last days of life:

- Cyclizine **50mg** tds orally or subcut
- Levomepromazine 6.25mg orally tds or 6mg subcut
- If repeated doses required, consider a cyclizine 150mg/24 hours by CSCI in a syringe pump ** ▲

▲ Seek specialist advice

- For patients with eGFR<30 consider oxycodone instead of morphine. Alternatively reduce to 4 hourly PRN morphine and consider reducing the dose given. See guidance below for further information
- For any further support, call the specialist palliative care team for advice through your area MacMillan nurse or on **0161 419 5378**. Over the weekend, phone **07809312146** or out of hours via 24hr advice line **0800 970 7970**
- For further guidance on symptom control see <https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2019/12/Palliative-Care-Pain-and-Symptom-Control-Guidelines.pdf>
- ** Hyoscine and cyclizine can't be mixed in a syringe pump. They are incompatible
- # CSCI = Continuous Subcutaneous Infusion *this summary is consistent with guidance from NICE and RCGP

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Suggested Medication Quantities

It is suggested that the following table is used in conjunction with the Stockport One Page Summary of Symptom Control Guidance for Acutely Unwell Patients in the Community with Covid-19 to guide rationale prescribing for current and anticipated symptoms.

This is pragmatic guidance and should, in line with best practice in palliative care, be individualised to each patient.

Medicine	Strength	Dose and Frequency	Quantity to cover anticipated average use in 24 hours	Other info
Morphine sulphate liquid	10mg/5ml	2.5mg-5mg 2-4 hourly (can go up to 10mg)	100ml	
Morphine sulphate injection	10mg/1ml	1-2mg every 2-4 hours (ave 3 hrly)	5 amps	Unable to store opened and part used ampoule
Lorazepam tablets	1mg	0.5mg -1mg prn (max 4mg in 24 hours)	6 tablets	Oral tablets can be used sublingually (off-label use)
Midazolam injection	10mg/2ml	2.5mg-5mg 2-4 hourly prn (ave 3 hrly)	5 amps	Unable to store opened and part used ampoules
Haloperidol tablets	0.5mg	0.5mg-1mg up to 2 hourly prn	8 tablets	
<i>Hyoscine butylbromide</i>	<i>20mg/1ml</i>	<i>20mg 4 hourly PRN</i>		<i>Noisy secretions not known to be a common symptom at COVID EOL</i>
<i>Cyclizine tablets</i>	<i>50mg</i>	<i>50mg 8 hourly prn</i>	<i>3 tablets</i>	
<i>Cyclizine injection</i>	<i>50mg/ml</i>	<i>50mg 8 hourly prn</i>	<i>5 amps</i>	<i>Nausea not known to be a common symptom</i>
<i>Levomepromazine injection</i>	<i>25mg/ml</i>	<i>12.5mg-25mg up to hourly prn (ave 2 hrly)</i>	<i>5 amps</i>	<i>If given 2 hourly. Unable to store opened and part used ampoules</i>