ST CATHERINE'S HOSPICE

Management of symptoms in the COVID-19 patient

For opioid naïve patients with **distressing breathlessness** please consider starting a syringe pump 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 i***njectable route not available*** (community or care home setting), consider the following:
Breathlessness AND/OR Pain	If patient able to swallow: Morphine Sulphate IR oral soln. 5mg two hourly PRN (or oxycodone IR oral suspension 2.5mg if eGFR<30) If unable to swallow: Morphine sulphate inj. 2.5mg subcut two hourly PRN (or oxycodone inj. 1.25mg subcut if eGFR <30) and then commence syringe driver as above. *Could also consider use of benzodiazepines as below*	Paracetamol 500mg-1gm *supps* PR for pain Buprenorphine TD *patch* 5 micrograms/hr every week **OR** Fentanyl TD *patch* 12micrograms/hr every 72hrs can be used but will take 24hours to reach significant doses ****Do not use fans to help breathlessness****
Respiratory secretions	*Early use* of syringe pump with Glycopyrronium 1.2mg subcut/24hrs ****Avoid suction****	Hyoscine Hydrobromide*(Kwells)* 300micrograms SL tablets Hyoscine Hydrobromide(*Scopaderm)*1mg/72hrs TD patch Atropine SL 1% drops (ophthalmic drops) 2 drops SL every 2-4hrs
Anxiety	Midazolam 2.5 – 5mg subcut two hourly prn If persistent anxiety, consider a subcut infusion via a syringe pump (starting dose Midazolam 10mg /24hr)	Lorazepam 0.5mg *tablet* sublingual QDS PRN if patient still able to swallow
Cough	Simple linctus-5mls QDS PO **OR** If ineffective: Codeine phosphate linctus 15-30mg QDS PO **OR** Morphine Sulphate oral soln. 2.5mg 4 hourly PO **OR** Morphine sulphate inj. 2.5mg subcut two hourly PRN	
Delirium	Haloperidol (*tablets or oral solution*) or subcut 0.5mg-1mg every 2-4hrs (Syringe driver 2.5-5mg/24hrs) Levomepromazine 12.5 - 25mg subcut hourly max 100mg/24hrs (or start at 6.25mg in elderly) (Syringe driver start at 25mg/ 24hrs)	Buccal midazolam (5mg/ml) pre-filled syringes Rectal Diazepam (10mg/2.5mls) pre-filled syringes Risperidone *orodispersible tablet* 0.5-1mg ON/PRN Olanzapine *velotabs tablet* 5-10mg ON/PRN
Nausea or vomiting	Haloperidol 0.5-1mg PO/subcut. 4hrly or infusion(syringe driver 2.5mg-25mg/24hrs) Cyclizine 50mg PO or subcut, injection or infusion (syringe driver 150mg/24hrs) Levomepromazine 2.5-5mg PO or subcut. injection or infusion (syringe driver 5-25mg/24hrs)	Hyoscine Hydrobromide*(Kwells)* 300micrograms SL tablets Ondansetron *orodispersible tablets* 4-8mg PRN Olanzapine *velotabs tablet* 5-10mg ON/PRN
Fever	Regular antipyretics such as paracetamol PO/PR **OR** Parecoxib 10-20mg subcut. 4-6hrly **OR** Diclofenac suppositories **It is not advised to use NSAIDs in patients who may recover from COVID-19**	

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

Contact your local palliative care team St. Catherine's Hospice 01293 447333 if any concerns or to help with symptom management that is challenging

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