PALLIATIVE CARE IN THE COVID-19 WARDS (JUNE 2020)

“
To cure sometimes, to relieve often, and to comfort always.”

Stay calm and use PPE
Communicate clearly and compassionately
Your presence means a lot
Don’t forget the family

SPECIFIC SYMPTOM MANAGEMENT
Relevant to all symptomatic COVID patients, no matter their expected outcomes

| FEVER |
| No fans |
| Wet cloth, remove some bedding |
| Paracetamol 1g 6hrly orally or IV if unable to swallow |

| DYSPNOEA |
| No nebulising |
| Correct positioning (prone if appropriate) and breathing techniques - ‘smell the roses, blow out the candles’ |
| O₂ if sats <90% (if resources allow) |

Oral morphine 2mg-5mg po q1h until settled, then q4h; OR Morphine 1mg-2mg SC/IV q1h until settled, then q4h
OR Fentanyl patch 12mcg-25mcg/h q72h (may take up to 8-12h to be effective; give morphine po/sc to start)

Note:
Increase dose by 25% if patient is struggling, until comfortable
Use lower doses and bigger dosage intervals in elderly
Always prescribe rescue doses of morphine: 24h dose ÷6
Add metoclopramide 10mg q8h po/iv/sc: nausea s/e

| DELIRIUM/AGITATION |
| Exclude reversible causes like hypoxia, urinary retention, constipation, pain |
| Use medication only if patient is distressed, hallucinating or danger to self or others |

Haloperidol 0.5mg po q1h until settled; then q4h prn (or SC bolus) (preferred; often unavailable)
OR Risperidone 0.25mg-0.5mg po bd
OR Olanzapine 2.5mg-5mg po bd (or SC bolus)
OR Quetiapine 12.5mg-50mg po bd
OR Ziprasidone 10mg imi

| ANXIETY |
| Be calm, reassuring and present. |

**ORALLY**

Lorazepam 1mg-2mg SL q2h prn until settled, then 6-12h (preferred)
OR Alprazolam 0.5mg-1mg po q8h prn
OR Diazepam 2.5mg po prn until settled - then 5mg-10mg po bd
OR Clonazepam 0.5mg po q8h prn

**SUBCUT bolus**

Midazolam 2.5mg-5mg SC q1h until symptoms settle
OR Clonazepam 0.5mg SC q8h prn (long T1/2)

**IF SYRINGE DRIVER AVAILABLE:**
Check specifications of specific driver.
Initial stat oral/sc doses will be required.
**Morphine:** calculate oral morphine dose required over 24h, divide total dose by 2-3 and deliver this over 24h by continuous sc infusion.

Suggested starting dose over 24h:
Morphine 15mg + Metoclopramide 20mg + Midazolam 10mg.
Can also add haloperidol 5mg if agitated
Buscopan 20mg- 60mg/24h SC for resp secretions at EoL

**Note on subcutaneous (SC) bolus route:**
Can use a 23G butterfly, left in situ on chestwall, taped down with clear dressing – monitor site at each use.