

*COVID-19 management of End of Life symptoms – COMMUNITY SETTINGS (This assumes a patient is unable to swallow any oral medications safely)									23/3/2020 Version 1.2
	1 st Line				2 nd line replacement drugs when 1 st lines are not available.				3 rd Line
	Breathlessness / Pain (Chest pain seen in some COVID cases)	Agitated delirium	Respiratory Secretions ‡	Anxiety (Breathlessness, if not held with 3 drugs)	Breathlessness / Pain	Agitated Delirium	Respiratory Secretions ‡	Anxiety / Breathlessness if not symptom controlled with 3 drugs	All Symptoms
Syringe Driver available**	Morphine 10-30mg/24hrs CSCI (2.5-5mg SC PRN Hourly x4/24hrs)	Haloperidol 5mg/24hrs CSCI (0.5-1.5mg SC PRN 4hourly x4/24hrs)	Hyoscine butylbromide 60- 120mg/24hrs CSCI (20mg SC PRN 4hourly x3/24hrs)	Midazolam 10-30mg/24hrs CSCI (1.25-5mg SC PRN up to hourly x4/24hrs)	Oxycodone 10-20mg/24hrs CSCI (1.25-5mg SC PRN Hourly x4/24hrs)	Levomepromazine 25mg/24hrs CSCI (12.5-25mg SC PRN 4hourly x3/24hrs)	Glycopyrronium 600-1200mg/24hrs CSCI (200-300mg SC PRN 4hourly x4/24hrs)	Levomepromazine if not already on haloperidol. See also Lorazepam SL/Oral	Try 1 st line and 2 nd line suggestions on the relevant row. If drugs are not available then consider drugs further down (or up) each symptom column. If in doubt call palliative care or your trust pharmacist for advice. Other replacement drugs may be available for each indication; however these will not be drugs you commonly use. All drugs should be written up on locally agreed Community Administration Orders. New pre-printed versions may be provided if legal and policy blocks are removed.
Healthcare Professional available (but no syringe driver)	Fentanyl Patch 12-25mcg/hr Replace 48hourly (Morphine Inj. 2.5-5mg SC PRN Hourly x4/24hrs)	Haloperidol 5mg SC Once Daily (1.5mg SC PRN 4hourly x4/24hrs)	Hyoscine butylbromide 40mg SC 12hourly Increase to 8hourly if symptoms persist (20mg SC PRN 4hourly x4/24hrs)	Lorazepam tablet Blue SL/White Oral 0.5-1mg 12hrly (0.5mg SL/Oral PRN 6hourly x2/24hrs)	Buprenorphine Patch 15-35mcg/hr Replace as per instructions or sooner. (If no Morphine, Oxycodone 2.5-5mg SC Hourly PRN x4/24hrs)	Levomepromazine 25mg SC Once Daily (12.5-25mg SC PRN 4hourly x3/24hrs)	Glycopyrronium 400mg SC 8hrly (400mg SC PRN 4hourly x3/24hrs)	Diazepam enema 5-10mg Once Daily (5mg PR As required 4hourly x2/24hrs)	
If SC trained carer available	As row above. If you are not sure about the need for an as required injection then please telephone for advice/support from the community or hospice team supporting you, local palliative care team or patients GP practice.								
Lay carer available but unable to give SC meds	Fentanyl Patch Dose as above. A fan if tolerated. (ORAL Morphine 20mg/ml up to 1ml [0.5ml in each cheek] PRN 2hourly x4/24hrs)	Levomepromazine Oral [1 tablet crushed, with water] 25mg Once Daily (12.5mg As Required 4hourly x3/24hrs)	Scopolamine patch 1mg/day size Replace 48 hourly Repositioning see LINK to guidance.	See above	Buprenorphine Patch Dose as above	Olanzapine Oro-dispersible 10mg OD Buccal (5mg Buccal As required 4hourly X4/24hrs)	Atropine 1% eye drops 1-2 drops SL 6-8 hourly	Seek advice	
	Increase doses only when advised by a health professional.								
Lay carer available and willing to give rectal meds #	#Morphine MR Tablet 10-30mg Twice Daily PR (Morphine Supp. 5-10mg PR As Required 2hourly X4/day)	See above	See Above	# Diazepam Enema 5-10mg Once Daily PR (5mg As required 4hourly x2/24hrs)	#Oxycodone MR Tablet 5-15mg Twice Daily PR (Oxycodone oral liquid 5-10mg PR As Required X4/day)	See Above	See Above	# Diazepam Tablet 5-10mg Once Daily PR (5mg As required 4hourly x2/24hrs)	
	Increase doses only when advised by a health professional. Evidence document – www.futureplanning.org.uk\COVID_EoLdrugchart								

* All drugs in this table are used “off-label” as is accepted practice for most End of Life drug use.

**If 4 drugs are required in the syringe driver then SHFT/Solent policy does allow this in “extreme” circumstances. COVID-19 is extreme. Please D/W palliative care or your community matron if concerned. We will not be able to afford to tie up 2 syringe drivers with one patient just because of a policy.

‡ In all cases consider positioning and other non-pharmacological measures. Seek physio advice if required.

These suggestions are made assuming all other medications are unavailable, inappropriate or contraindicated. Also, recognising the slow onset of pain relief and titration with Opioid transdermal patches. If a patient is breathless and/or in pain and the facility to setup a Syringe Driver or give SC PRNs is not available, then better to use an unusual treatment, which we are not used to, but should work, rather than nothing. Time will tell!

Lorazepam blue tablets – Genus brand will dissolve in a moist mouth if placed alongside/under the tongue - SL

SC – Subcutaneous

Lay Carer – relative/friend/care assistant

Supp. – Suppository

As required or **PRN** – only give if patient becomes symptomatic

SL – Sublingual

CSCI - Continuous SubCutaneous Injection (syringe driver)

PR – Per rectum

X2, x3 or **x4/24hrs** - seek advice if this number of As Required or PRN doses needs to be exceeded in a 24hr period.

Patches- patients with fever are likely to absorb the drug more rapidly, hence the recommendation to change earlier than usual practice. Also, EoL patients may be unable to report their patch becoming less effective after 2 days.

- usually only for stable pain and will take 12-24hours to reach effective blood levels. In spite of fever absorption may be poor in very cachexic patients.