NUH Quick clinical guide: symptom relief in COVID-19 (last days–hours of life)

Key points:

1. It is assumed that all correctable causes of the symptoms have been considered and attended to where possible.
2. Generally use a T34 syringe driver. If not readily available, other pumps can be used such as for insulin/nitrate infusions; use 50 mL syringes, make the total infusion volume up to 24mL and run at 1mL/h.
3. *If no pumps are available, give **morphine** and **midazolam** regularly every 4h and p.r.n. SC/IV; for other drugs see below.*
4. Most anticipatory symptom relief medications can be used hourly SC/IV. For acute severe distress IV provides the most rapid relief. Titrate the dose as necessary to provide optimal symptom relief.
5. **If in any doubt, or for patients with uncontrolled symptoms despite the below contact the specialist palliative care team for advice.**

Specialist Palliative and End of Life Care 24/7 Advice line
07812 268104

Abbreviations

b.d.	twice per day	p.r.n.	as required
CSCI	continuous subcutaneous infusion	q.d.s.	four times per day
IV	intravenous	SC	subcutaneous

BREATHLESSNESS

Use a parenteral opioid *and* a sedative anxiolytic:

- If opioid naïve:
  - give a stat dose of **morphine** 5mg + **midazolam** 5mg SC/IV (both 2.5mg in the elderly)
  - start **morphine** 10mg/24h + **midazolam** 10mg/24h by CSCI
  - allow **morphine** 5mg + **midazolam** 5mg SC/IV p.r.n. hourly (both 2.5mg in the elderly)
- titrate both p.r.n. and regular doses to obtain satisfactory relief
- if already taking PO **morphine** or another opioid convert to the equivalent parenteral 24h and p.r.n. doses.
- for non-opioid naïve patients (i.e. already receiving long-term opioids), consider a 25–33% increase from baseline
- in renal or hepatic failure, alternate opioids may be preferable, contact the palliative care team.

DELIRIUM/TERMINAL RESTLESSNESS

Use parenteral levomepromazine *and* midazolam to ease distress.

Levomepromazine

- start with 25mg SC stat and p.r.n. hourly (12.5mg in the elderly)
- regular doses can be given SC b.d. and p.r.n. hourly
- if a syringe driver is available add 50mg/24h CSCI (25mg in the elderly); titrate as necessary to 200mg/24h.

Midazolam

Combine with the above:

- give a stat dose of 10mg SC/IV and p.r.n hourly (5mg in the elderly)
- if a syringe driver is available add 30mg/24h CSCI (10mg/24h in the elderly); titrate as necessary to 60mg/24h.

COUGH

A strong opioid is the most effective cough suppressant. If already on **morphine** for breathlessness, this may suffice. Otherwise:

- give a stat dose of **morphine** 5mg SC/IV and hourly p.r.n. (2.5mg in the elderly)
- if a syringe driver is available add 10mg/24h CSCI; titrate as necessary.

FEVER

- **paracetamol** 1G IV q.d.s. (500mg when ≤50kg) *or*
- **parecoxib** 40mg SC once daily – b.d. (maximum 80mg/24h). Concerns about NSAIDs are irrelevant in this setting.