Symptom Control in the Last Days of Life during COVID-19 Pandemic – April 2020

For Community and Care homes; medications that can be administered by alternative (i.e. non-oral / non-subcutaneous) routes for symptom control

- **Please call your local palliative care team or the 24 hour palliative care advice line out of hours, if additional advice is needed**
  - **01923 335356**
- Patients entering the last days of life often require medications to control pain, nausea, respiratory tract secretions and agitation, which are normally administered orally or subcutaneously.
- Local Palliative Care / symptom control guidelines on care and medication to use in this situation should continue to be followed wherever possible.
- However, in the presence of the COVID-19 pandemic, there will be an increase in the number of patients dying, an increased burden on healthcare staff whose exposure to COVID-19 should be minimised, and the potential for a lack of syringe drivers.
- In this situation, those important to the patient will have an increasing role in administering medication for symptom control in the last days of life, with virtual professional support from GPs / district nursing / specialist palliative care teams.
- Healthcare professionals involved in a patient's care continue to have responsibility for advising those important to the patient how to use the medications that they have recommended / prescribed.
- Where possible, it is safest for those important to the patient to administer medications via the oral route for as long as possible, and when this is not possible, to use a non-oral, non-subcutaneous i.e transdermal, buccal, rectal route.
- The evidence base and experience in the non-oral, non-subcutaneous route of administration is limited, and therefore increases the risk.
- In exceptional circumstances a decision may be taken to train and support those important to the patient to administer subcutaneous medications.
- Local Medication and Administration records (MAAR) should continue to be used to record and administer such medication.
- In preparation for this situation, the NHSE/I (London region) End of Life Care Clinical Network has drawn up a list of medications that can be administered via a non-oral, non-subcutaneous route to control symptoms in the last days of life. This list has been reviewed by two paediatric palliative care teams (Great Ormond Street and Royal Marsden) who use this route more commonly. This has been reviewed and simplified for those caring for patients in nursing homes.
- If a patient is dying from COVID-19 then symptoms of breathless, cough and agitation may be severe. Higher doses that might usually be given may be required.

List of medication that can be administered via a non-oral, non-subcutaneous route to control symptoms in the last days of life

Symptom	Medicine	Strength	Dose and frequency	Administration advice/comments
Pain	Butec (buprenorphine) patches More cost effective than Butrans	5mcg/hour and 10mcg/hour	If opioid naïve and not had multiple PRNs start at 5mcg then monitor and titrate according to need. If required multiple PRNs consider starting at a higher dose. Reapply a new patch every 7 days.	Butec 5mcg is equivalent to ~ Morphine 12mg /24 hours Butec 10mcg is equivalent to ~ Morphine 24mg /24 hours (see opioid conversion charts or seek advice from palliative care) Patches provide continuous pain relief if ongoing background pain is an issue. Patches can take 24 hours to become absorbed and the onset of pain relief is delayed. Multiple patches can be used simultaneously.
	Fentanyl patches	12mcg/hour and 25mcg/hour	Reapply a new patch every 3 days	Fentanyl 12mcg is equivalent to ~ Morphine 30-45mg/24 hours Fentanyl 25mcg is equivalent to ~ Morphine 60-90 mg /24 hour
	Concentrated oral solution morphine	20mg/ml	If opioid naïve start at 2.5-5mg (0.125-0.25mls) buccally PRN hourly	Draw up in syringe and apply buccally and rub cheek to aid absorption SC dose = Buccal dose Commonly used in paediatrics
Nausea & Vomiting	Prochlorperazine buccal tablet	3mg	3-6mg up to BD	Tablet to be placed high between upper lip and gum and left to dissolve
	Olanzepine orodispersible tablet	5mg and 10mg tablets	Start at 5mg. Can titrate to 20mg daily if required.	Place in mouth – disperses in saliva
Agitation / anxiety	Lorazepam sublingual (Genus brand) Olanzepine orodispersible tablets	1mg tablets 5mg and 10mg tablets	0.5-1mg PRN Maximum 4mg/24 hours	Place under tongue – PLEASE PRESCRIBE AS SUBLINGUAL GENUS BRAND AS THE PHARMACY NEED TO SUPPLY A SPECIFIC PREPARATION If terminal agitation 10mg placed in mouth-disperses in saliva

Respiratory secretions	Scopoderm (hyoscine) transdermal patch	1mg/72 hours	1mg/72hours	Use for continuous respiratory secretions Reapply patches every 3 days Can use 2 patches simultaneously
	Glycopyrronium injection	200mcg/ml	200-300mcg PRN	Draw up in syringe and apply buccally and rub cheek SC dose = Buccal dose
Breathlessness	Concentrated oral solution morphine	20mg/ml	If opioid naïve start at 2.5-5mg (0.125-0.25mls) buccally PRN hourly	Draw up in syringe and apply buccally and rub cheek SC dose = Buccal dose Commonly used in paediatrics
	Lorazepam sublingual Genus Brand (If associated with anxiety)	1mg tablets	0.5-1mg PRN Maximum 4mg/24 hours	Place under tongue PLEASE PRESCRIBE AS SUBLINGUAL GENUS BRAND AS THE PHARMACY NEED TO SUPPLY A SPECIFIC PREPARATION
	Oxygen if available		2L per minute	Baseline dose
Fits	Diazepam rectal solution tubes	10mg/2.5ml	5-10mg stat dose	Rectal administration
	Midazolam oromucosal solution pre-filled oral syringes	10mg/2ml	5-10mg stat dose	Pre filled syringe
Fever	Paracetamol suppositories		1g QDS PRN	Rectal administration