*COVID-19 management of End of Life symptoms – COMMUNITY SETTINGS (This assumes a patient is unable to swallow any oral medications safely)

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	1st Line				2nd line replacement drugs when 1st lines are not available.				3rd 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** 600-1200mcg/24hrs (micrograms) CSCI (200-300mcg SC PRN 4hourly x4/24hrs)	**Levomepromazine** if not already on haloperidol. See also **Lorazepam** SL/Oral	Try 1st line and 2nd 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 drivers available	**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** 400mcg SC 8hrly (micrograms) (400mcg SC PRN 4hourly x3/24hrs)	**Diazepam** enema 5-10mg Once Daily (5mg PR As required 4hourly x2/24hrs)	
Lay carer only, willing to give SC injections	As row above. **No syringe drivers available. Clinical teams not able to guarantee their availability for giving as required injections or regular injections.** If you are not sure about the need for giving an As Required injection at any time then please telephone for advice/support from the community or hospice team supporting you, local palliative care team or patient's 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 a little water] 25mg Once Daily (12.5mg As Required 4hourly x3/24hrs)	**Hyoscine hydrobromide 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
SL – Sublingual
Lay Carer – relative/friend/care assistant
CSCI - Continuous SubCutaneous Injection (syringe driver)
Supp. – Suppository
PR – Per rectum
As required or ***PRN*** – only give if patient becomes symptomatic
X2, x3 or ***x4/24hrs*** - seek advice if this number of As Required or PRN doses is exceeded in a 24hr period.

Patches - patients with fever are likely to absorb the drug more rapidly, hence the suggestion 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.

Wessex Palliative Care Physicians March 2020