



End-of-Life Symptom Management Protocol COVID-19 Pandemic – MSF-OCP

Goal: To assist symptomatic management of patients validated for End-of-Life care to minimize suffering and maximize comfort.

Target group: Treating physician/nursing staff

COVID-19 Adult Palliative Care: End-of-Life Focus*

Symptom	Non-pharmacological intervention	Medications (if available)
Breathlessness** and/or cough	<ul style="list-style-type: none"> Use of <u>hand fan</u> to face or open window for air circulation Elevate head of bed or attempt tripod positioning (leaning forward with hands on knees or other surface) Guided breathing - pursed lip (breathe in through nose and out through mouth) Give low flow oxygen (1-3 lpm) as needed to relieve symptoms of dyspnea between narcotic dosing. Treat symptoms not oxygen saturation. 	<ul style="list-style-type: none"> MORPHINE (drug of choice): <u>Oral:</u> 5-10 mg q 4 hrs <u>around the clock</u> <u>SQ/IV:</u> 5 mg q 3 hrs <u>around the clock</u> Increase dose by 50% if symptoms unrelieved. Once 24-hour dose for <u>oral</u> is established switch to extended release Steroids are useful for dyspnea, pain and nausea in COVID EoL care. PREDNISOLONE: Oral 20 mg/day. DEXAMETHASONE: 8 mg IV/SQ q 12h If <u>morphine is unavailable</u>, other narcotics can be substituted if available. HYDROMORPHONE <u>IV/SQ:</u> 1 mg q 3 hrs <u>around the clock</u> -OR- FENTANYL <u>IV/SQ/nasal:</u> 25-100 mcg q 3-4 hrs <u>as needed.</u> <u>Transdermal patch:</u> 25 mcg/hr If narcotics are unavailable, benzodiazepines may be given by titration of standard doses at more frequent intervals to relieve symptoms.
Respiratory secretions	<ul style="list-style-type: none"> Re-position patient on side or semi-prone position to promote postural drainage Humidify oxygen or patient environment Gentle oropharyngeal suction as needed 	<ul style="list-style-type: none"> HYOSCINE (Scopolamine) <u>Transdermal patch</u> (1st line): 1.5 mg/72 h <u>SQ:</u> 10-20 mg up to 3-4 times daily as needed (20 mg/mL) -OR- GLYCOPYRRONIUM (0.2 mg/mL); <u>SQ/IV:</u> 0.2-0.4 mg 3 times daily
Fever	<ul style="list-style-type: none"> Gentle cooling measures - uncover/undress per MSF guidelines 	<ul style="list-style-type: none"> PARACETAMOL <u>Oral/IV:</u> 1 g as needed every 6 hours; maximum 4 g/day. If elderly < 50 kg, 2-3 g/day.
Agitation/anxiety/restlessness	<ul style="list-style-type: none"> Cognitive orientation - explanation, lighting, reassurance, familiar objects Prevent sensory overload; reduce stimuli such as loud noises, bright lights; reduce number of people in the room if relevant 	<ul style="list-style-type: none"> DIAZEPAM For agitation/anxiety: <u>Oral/IV/rectal:</u> 1-5 mg q 4-6 hrs as needed For <u>terminal restlessness:</u> HALOPERIDOL as in <u>delirium</u> OR can add MIDAZOLAM <u>IV/SQ/nasal/rectal:</u> 2.5-5mg q 2-3 hrs
Pain	<i>Do not administer NSAIDs to COVID patients.</i>	<ul style="list-style-type: none"> PARACETAMOL <u>Oral/IV:</u> 1 g as needed every 6 hours; maximum 4 g/day. If elderly < 50kg, 2-3 g/day. If <u>pain uncontrolled with paracetamol</u>, MORPHINE rescue dosing for pain: <u>SQ:</u> 5 mg every 30 min until relief If <u>no other narcotics are available</u>, TRAMADOL may be given for pain: <u>Oral/IV/IM:</u> 50-100mg q 4-6 hrs; maximum 400mg/day <u>Do not use concomitantly with morphine or other opioids</u>
Delirium	<ul style="list-style-type: none"> Evaluate for underlying cause(s) and treat if possible - e.g. fever, hypoxia, anemia, dehydration, constipation, anxiety 	<ul style="list-style-type: none"> HALOPERIDOL <u>Oral/sublingual</u> (oral solution, 2 mg/mL): 0.5-1 mg q 1 hr as needed until calm; maximum 10 mg/day. If elderly, maximum 5mg/day. <u>IV/SQ</u> (5 mg/mL): dilute in 4 mL 0.9% saline – give 0.5 mg (0.5 mL) q hr until calm; increase to 1 mg (1 mL) q 1hr if no relief from starting dose, up to maximum 10mg/day. If elderly, maximum 5mg/day.
Nausea and vomiting	<ul style="list-style-type: none"> Evaluate for underlying cause(s) and treat if possible Remove triggers (e.g. particular smells), if relevant Frequent small meals; slow intake 	<ul style="list-style-type: none"> ONDANSETRON <u>Oral/sublingual:</u> 4-8 mg q 4 hrs as needed. <u>IV/SQ</u> (2mg/mL): 0.15 mg/kg. Maximum single dose 16 mg. -OR- METOCLOPRAMIDE (Do not use concomitantly with haloperidol) <u>Oral/sublingual:</u> 10 mg 3 times/day. <u>IV/SQ</u> (5 mg/mL): 10 mg q 8 hrs as needed
Constipation	<i>If significant colic occurs, the stimulant should be discontinued and softener used instead.</i>	<ul style="list-style-type: none"> <i>Stimulant</i> – BISOCODYL (5 mg tablets): <u>Oral:</u> 5 to 10 mg at bedtime. <i>Softener</i> – DOCUSATE (100 mg capsule): <u>Oral:</u> 100 mg twice/day.

Cardiopulmonary resuscitation is not recommended: refer to intensive care guidelines.

*Assumes average adult weight. Adjustments may be indicated for age, weight < 50 kg, liver and kidney function.

**Breathlessness clinical manifestations include labored or irregular breathing patterns, use of accessory muscles, gasping, paradoxical chest wall motion, audible adventitious sounds, as well as the inability to speak in full sentences if conscious.

COVID-19 Palliative Care: End-of-Life Focus Standard List*

MSF-OCF

Symptoms	Code
Breathlessness and/or cough	
MORPHINE hydrochloride, 10 mg/ml, 1 ml, amp. (<i>Preferred</i>)	DINJMORP1A-
MORPHINE sulfate, 10 mg, prolonged-release caps.	DORAMORP1CS
MORPHINE sulfate, 10mg/5ml, oral sol., 100 ml, bot. (<i>Preferred</i>)	DORAMORP1S-
MORPHINE sulfate, 10 mg, immediate release breakable tab.	DORAMORP1T-
MORPHINE sulfate, 10 mg, prolonged-release tab.	DORAMORP1TS
MORPHINE sulfate, 30 mg, prolonged-release caps.	DORAMORP3CS
MORPHINE sulfate, 30 mg, prolonged-release, tab.	DORAMORP3TS
FENTANYL, 4.2 mg, 25 µg/h, transdermal patch	DEXTFENT4TP
FENTANYL citrate, éq. 0,05 mg/ml base, 2 ml, amp.	DINJFENT1A-
DEXAMETHASONE phosphate, 4 mg/ml, 1 ml, amp.	DINJDEXA4A-
PREDNISOLONE 20 mg, orodisp. tablet	DORAPRED2TOD
<i>Morphine tablets preferred over capsules for dose splitting.</i>	
Respiratory secretions	
HYOSCINE (scopolamine), 1.5mg, 1mg/72h, transdermal patch	DEXTHYOS1TP
HYOSCINE BUTYLBROMIDE (scopolamine butylbrom), 20 mg/1ml,amp	DINJHYOS2A-
GLYCOPYRRONIUM bromide, 0.2mg/ml, 1ml, amp.	DINJGLYC2A-
Fever	
PARACETAMOL (acetaminophen), 120mg/5ml,oral susp.,100ml bot.	DORAPARA1S2
PARACETAMOL (acetaminophen), 100 mg, tab.	DORAPARA1T-
PARACETAMOL (acetaminophen), 500 mg, tab.	DORAPARA5T-
PARACETAMOL (acetaminophen),10mg/ml, 50ml, flex.bag PVC free	DINJPARA5FBF
Agitation, anxiety, restlessness	
DIAZEPAM, 2mg, tab.	DORADIAZ2T-
DIAZEPAM, 5 mg, tab.	DORADIAZ5T-
DIAZEPAM, 5 mg/ml, 2 ml, amp.	DINJDIAZ1A-
MIDAZOLAM, 1 mg / ml, 5 ml, amp	DINJMIDA5A-
Pain	
PARACETAMOL (<i>as above</i>)	-
MORPHINE (<i>as above</i>)	-
DEXAMETHASONE (<i>as above</i>)	-
PREDNISOLONE (<i>as above</i>)	-
TRAMADOL (<i>validated for EOL care only if morphine/fentanyl unavailable</i>)	Consult Pharma
Delirium	
HALOPERIDOL, 5 mg/ml, 1 ml, amp.	DINJHALP5A-
HALOPERIDOL, 2 mg/ml, oral sol., 100 ml, bot. with pipette (<i>Preferred</i>)	DORAHALP1S2
HALOPERIDOL, 5 mg, tab.	DORAHALP5T-
Nausea and vomiting	
ONDANSETRON hydrochloride, eq. 2mg/ml base, 2 ml, amp.	DINJONDA4A-
ONDANSETRON HCl, eq. 4mg/5ml base, oral sol., 50ml, bot.	DORAONDA1S-
ONDANSETRON hydrochloride, eq. 4 mg base, tab.	DORAONDA4T-
DEXAMETHASONE (<i>as above</i>)	-
METOCLOPRAMIDE hydrochloride, 5 mg/ml, 2 ml, amp.	DINJMETO1A-
Constipation	
BISACODYL, 5 mg, tab.	DORABISA5T-
DOCUSATE, 50 mg tab.	DORADOCU5T
*Assumptions based on COVID-19 EOL Symptom Management Protocol	03/04/2020