

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)		
	Use of hand fan 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.	MORPHINE (drug of choice): Oral: 5-10 mg q 4 hrs around the clock SQ/IV; 5 mg q 3 hrs around the clock Increase dose by 50% if symptoms unrelieved. Once 24-hour dose for oral is established switch to extended release		
Breathlessness** and/or cough		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 morphine is unavailable, other narcotics can be substituted if available. • HYDROMORPHONE IV/SQ: 1 mg q 3 hrs around the clock -OR- • FENTANYL IV/SQ/nasal: 25-100 mcg q 3-4 hrs as needed. Transdermal patch: 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	Re-position patient on side or semi-prone position to promote postural drainage Humidify oxygen or patient environment Gentle oropharyngeal suction as needed	HYOSCINE (Scopolamine) Transdermal patch (1st line): 1.5 mg/72 h SQ: 10-20 mg up to 3-4 times daily as needed (20 mg/mL) -OR- GLYCOPYRRONIUM (0.2 mg/mL); SQ/IV: 0.2-0.4 mg 3 times daily		
Fever	Gentle cooling measures - uncover/undress per MSF guidelines	PARACETAMOL Oral/IV: 1 g as needed every 6 hours; maximum 4 g/day. If elderly < 50 kg, 2-3 g/day.		
Agitation/anxiety/ restlessness	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	DIAZEPAM For agitation/anxiety: Oral/IV/rectal: 1-5 mg q 4-6 hrs as needed For terminal restlessness: HALOPERIDOL as in delirium OR can add MIDAZOLAM IV/SQ/nasal/rectal: 2.5-5mg q 2-3 hrs		
Pain	Do not administer NSAIDs to COVID patients.	PARACETAMOL Oral/IV: 1 g as needed every 6 hours; maximum 4 g/day. If elderly < 50kg, 2-3 g/day. If pain uncontrolled with paracetamol, MORPHINE rescue dosing for pain: SQ: 5 mg every 30 min until relief If no other narcotics are available, TRAMADOL may be given for pain: Oral/IV/IM: 50-100mg q 4-6 hrs; maximum 400mg/day Do not use concomitantly with morphine or other opioids		
Delirium	Evaluate for underlying cause(s) and treat if possible e.g. fever, hypoxia, anemia, dehydration, constipation, anxiety	HALOPERIDOL Oral/sublingual (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. IV/SQ (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	 Evaluate for underlying cause(s) and treat if possible Remove triggers (e.g. particular smells), if relevant Frequent small meals; slow intake 	ONDANSETRON Oral/sublingual: 4-8 mg q 4 hrs as needed. IV/SQ (2mg/mL): 0.15 mg/kg. Maximum single dose 16 mg. OR- METOCLOPRAMIDE (Do not use concomitantly with haloperidol) Oral/sublingual: 10 mg 3 times/day. IV/SQ (5 mg/mL): 10 mg q 8 hrs as needed		
Constipation	If significant colic occurs, the stimulant should be discontinued and softener used instead.	Stimulant – BISOCODYL (5 mg tablets): Oral: 5 to 10 mg at bedtime. Softener – DOCUSATE (100 mg capsule): Oral: 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.				

DEXAMETHASONE phosphate, 4 mg/ml, 1 ml, amp. PREDNISOLONE 20 mg, orodisp. tablet Morphine tablets preferred over capsules for dose spliting. Respiratory secretions HYOSCINE (scopolamine), 1.5mg, 1mg/72h, transdermal patch BYOSCINE (scopolamine), 1.5mg, 1mg/72h, transdermal patch DEXTHYOSITP HYOSCINE BUTYLBROMIDE (scopolamine butylbrom), 20 mg/1ml,amp DINJHYOSZA- GLYCOPYRRONIUM bromide, 0.2mg/ml, 1ml, amp. DINJGLYC2A- Fever PARACETAMOL (acetaminophen), 120mg/5ml,oral susp.,100ml bot. DORAPARA152 PARACETAMOL (acetaminophen), 500 mg, tab. DORAPARA5T- PARACETAMOL (acetaminophen), 500 mg, tab. DORAPARA5T- PARACETAMOL (acetaminophen), 10mg/ml, 50ml, flex.bag PVC free DINJPARASFBF Agitation, anxiety, restlessness DIAZEPAM, 2mg, tab. DORADIAZET- DIAZEPAM, 5 mg, tab. DORADIAZET- DIAZEPAM, 5 mg, ml, 2 ml, amp. MIDAZOLAM, 1 mg / ml, 5 ml, amp PAINDIAZOLAM, 1 mg / ml, 5 ml, amp PARACETAMOL (as above) PREDNISOLONE (as above) TRAMADOL (validated for EOL care only if morphine/fentanyl unavailable) Consult Pharma Delirium HALOPERIDOL, 5 mg/ml, 1 ml, amp. HALOPERIDOL, 2 mg/ml, oral sol., 100 ml, bot. with pipette (Preferred) DORADNASETRON hydrochloride, eq. 2 mg/ml base, 2 ml, amp. DINJONDA4A- ONDANSETRON hydrochloride, eq. 4 mg base, 1ab. DORAONDA4T-	COVID-19 Palliative Care: End-of-Life Focus Standard List* MSF-OCP			
MORPHINE hydrochloride, 10 mg/ml, 1 ml, amp. (<i>Preferred</i>) MORPHINE sulfate, 10 mg, prolonged-release caps. MORPHINE sulfate, 10 mg, immediate release breakable tab. MORPHINE sulfate, 10 mg, immediate release breakable tab. MORPHINE sulfate, 30 mg, prolonged-release tab. MORPHINE sulfate, 30 mg, prolonged-release tab. MORPHINE sulfate, 30 mg, prolonged-release, tab. DEXTRITTP FENTANYL, 4.2 mg, 25 µg/h, transdermal patch DEXTRITTP FENTANYL, 4.2 mg, 25 µg/h, transdermal patch DEXTRITTP FENTANYL citrate, 6q. 0,05 mg/ml base, 2 ml, amp. DINIPERTIA- DEXAMETHASONE phosphate, 4 mg/ml, 1 ml, amp. DINIPERTIA- PREDNISOLONE 20 mg, orodisp, tablet DORAPREDZTOD Morphine tablets preferred over capsules for dose spliting. Respiratory secretions HYOSCINE (scopolamine), 12 mg, 1mg/7zh, transdermal patch HYOSCINE SUTYLBROMIDE (scopolamine butylbrom), 20 mg/1ml,amp DINIPYOSCA- GLYCOPYRRONIUM bromide, 0.2mg/ml, 1ml, amp. DINIGLYC2A- PARACETAMOL (acetaminophen), 120mg/5ml,oral susp.,100ml bot. DORAPARA15- PARACETAMOL (acetaminophen), 100 mg, tab. DORAPARA5T- PARACETAMOL (acetaminophen), 100 mg, tab. DORAPARA5T- PARACETAMOL (acetaminophen), 100 mg, tab. DORAPARA5T- DORAPARA5T- DORAPARA5T- DORAPARA5T- DORAPARA5T- DORAPARA5T- DORAPARA5T- DORAPARA5T- DORADIA22T- DOR	Symptoms	Code		
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PARACETAMOL (acetaminophen), 100 mg, tab. PARACETAMOL (acetaminophen), 500 mg, tab. PARACETAMOL (acetaminophen), 50mg, tab. PARACETAMOL (acetaminophen), 10mg/ml, 50ml, flex.bag PVC free DINJPARASFBF Agitation, anxiety, restlessness DIAZEPAM, 2mg, tab. DORADIAZZT- DIAZEPAM, 5 mg, tab. DORADIAZZT- DIAZEPAM, 5 mg/ml, 2 ml, amp. DINJDIAZ1A- MIDAZOLAM, 1 mg / ml, 5 ml, amp ParaCETAMOL (as above) PARACETAMOL (as above) PARACETAMOL (as above) - DEXAMETHASONE (as above) TRAMADOL (validated for EOL care only if morphine/fentanyl unavailable) Delirium HALOPERIDOL, 5 mg/ml, 1 ml, amp. HALOPERIDOL, 2 mg/ml, oral sol., 100 ml, bot. with pipette (Preferred) HALOPERIDOL, 5 mg, tab. DORAHALPTS- Nausea and vomiting ONDANSETRON hydrochloride, eq. 2 mg/ml base, 2 ml, amp. DORANDATS-	Fever			
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DIAZEPAM, 2mg, tab. DIAZEPAM, 5 mg, tab. DIAZEPAM, 5 mg, tab. DIAZEPAM, 5 mg, m, 2 ml, amp. DINJDIAZIA- MIDAZOLAM, 1 mg / ml, 5 ml, amp PARACETAMOL (as above) MORPHINE (as above) DEXAMETHASONE (as above) TRAMADOL (validated for EOL care only if morphine/fentanyl unavailable) HALOPERIDOL, 5 mg/ml, 1 ml, amp. HALOPERIDOL, 5 mg/ml, oral sol., 100 ml, bot. with pipette (Preferred) Nausea and vomiting ONDANSETRON hydrochloride, eq. 2mg/ml base, 2 ml, amp. DORAONDA15- ONDANSETRON hydrochloride, eq. 4 mg base, tab. DORAONDA4T-	PARACETAMOL (acetaminophen), 500 mg, tab.	DORAPARA5T-		
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ONDANSETRON hydrochloride, eq. 4 mg base, tab. DORAONDA4T-				
PENNIVIETI INSOINE (US UDOVE)	DEXAMETHASONE (as above)	-		
METOCLOPRAMIDE hydrochloride, 5 mg/ml, 2 ml, amp. DINJMETO1A-		DINJMETO1A-		
Constipation				
BISACODYL, 5 mg, tab. DORABISA5T-		DORABISA5T-		
DOCUSATE, 50 mg tab. DORADOCUST	-			
*Assumptions based on COVID-19 EOL Symptom Management Protocol 03/04/2020				