Leeds Palliative Care Network

Additional Guidance if standard Community Last Days of Life Symptom Management Guidance cannot be followed

This guidance is for use during COVID 19 Pandemic if standard Last Days of Life guidance cannot be followed due to:

- **healthcare professionals being unavailable to administer medication**
- **a lack of T34 Syringe drivers**
- **medication supply issues**

This guidance is a 'live' document that will be updated in line with the changing clinical situation it **must be used in conjunction with LCH Last Days of Life Symptom Management Guidance.**

Drugs and doses quoted are based on Palliative care Formulary 6th edition/local practice; consider frailty, renal function and liver function when prescribing or administering medication below.

If considering starting a 2nd syringe driver contact Specialist Palliative Care Team about possibility of combining drugs in one syringe driver

Specialist Palliative Care Teams are available for support and advice on all aspects of EoLC - please contact on usual numbers.

There is specific guidance for Managing Common End of Life Symptoms in Community Patients with COVID-19 at leedspalliativecare.org.uk

Symptom/Indication	Usual practice	Alternative options
Pain	If already on regular oral opioid and unable to take orally: - administer medication via a subcutaneous infusion over 24hours and prescribe s/c prn dose If already on a fentanyl or buprenorphine patch leave these in place and prescribe s/c prn dose Use Leeds Opioid Conversion Guide for Adult Palliative Care Patients to calculate subcutaneous doses. **Opioid Naïve patients:** No known renal failure: Diamorphine or Morphine Sulfate 2.5mg to 5mg s/c p.r.n.* If recent eGFR available and <50ml/min/1.73m^2: Oxycodone 1-2mg s/c p.r.n.*	**To prolong use of oral meds** Zomorph (Morphine Sulfate MR) capsules can be opened and contents mixed with soft food and swallowed or mixed with water and administered via large bore enteral tube 16F and above. **Patches** If fentanyl or buprenorphine patch in situ look to increase dose prior to commencing a syringe driver. **Fever and Patches** – Do not change practice. However, fentanyl and buprenorphine may be absorbed more quickly leading to increased dose. Conversely the patch may not adhere to the skin resulting in decreased absorption. **Preparations available for injection** • Morphine Sulfate Ampoules - 10mg/ml, 15mg/ml, 30mg/ml. • Diamorphine Ampoules - 5mg, 10mg – very limited availability • Oxycodone Ampoules - 10mg/ml, 20mg/2ml. If one strength is out of stock another may be available. If Morphine and Diamorphine are unavailable oxycodone can be used for patients without renal impairment. **If no syringe drivers are available then the total daily dose of subcutaneous opioid can be divided by 6 and given as 4hourly s/c injections.**

Symptom/Indication	Usual practice	Alternative options
Breathlessness	**1st Line** – non-pharmacological measures e.g. opening windows, positioning, reducing room temperature, cooling face by using a cool flannel or cloth. **2nd line** – Opioids reduce perception of breathlessness. See pain management guidance above for further information.	**For alternative opioid options see above.** **Anxiety associated with breathlessness:** • **Sublingual or buccal lorazepam** – quick onset and duration of approx. 8-10 hrs. • Initial dose 0.5mg (half a 1mg tablet). • Either place tablet under the tongue and allow to dissolve, or dissolve in a few drops of warm water and draw up in a 1ml oral syringe and put between patients cheek and gum. • Dose can be increased to 1mg, 1 hour between doses, maximum of 4 doses in 24 hours. • Specify Genus or PVL or TEVA Brand of Lorazepam on prescription as these dissolve more easily • If lorazepam is ineffective or unavailable consider midazolam 2.5mg-5mg s/c p.r.n. and if effective consider commencing a syringe driver.
Agitation	**1st Line** – consider non-pharmacological measures and possible reversible causes **2nd Line** – midazolam 2.5mg-5mg s/c p.r.n.* If 2 or more prn doses are required within 24 hours or less and have been effective a syringe driver of 10-30mg midazolam s/c in 24 hours may be prescribed	**Alternative options:** For use of **sublingual or buccal Lorazepam** see "Anxiety associated with breathlessness above" **If a syringe driver is not available Levomepromazine has longer duration of action than Midazolam. Dose 12.5mg to 25mg s/c o.d. or b.d.**
Respiratory Secretions	**1st Line** –Reassurance and repositioning. Good explanation and reassurance alone can reduce distress in > 90% patients/family. Evidence regarding the use of antimuscarinic drugs for respiratory secretions is limited. Medication will only prevent further secretions developing. **2nd Line** – Hyoscine Butylbromide 20mg s/c p.r.n.* If effective consider commencing syringe driver. Initial syringe driver dose usually 60mg/24hr	If a syringe driver is not available medications with longer duration of action include: • Glycopyrronium Bromide Injection 200mcg/ml. Give 200mcg to 400mcg s/c p.r.n. Max 1200mcg/24hour. Duration of action 7 hours. • Available as 1ml and 3ml ampoules. OR • Hyoscine Hydrobromide Injection 400mcg/ml - Give 400mcg s/c p.r.n. leave at least an hour between doses. Max 1200mcg/24hour. • May cause sedation/delirium particularly in patients with renal impairment. Hyoscine Hydrobromide patches should ideally be preserved for those with long term symptoms of drooling/secretions, they can also cause increased confusion.
Nausea and/or Vomiting	If already taking an anti-emetic consider conversion to subcutaneous route and administer via a syringe driver If not already taking an antiemetic – Levomepromazine 6.25mg s/c p.r.n.*	If a syringe driver is not easily available consider the following medications due to longer duration of action; Levomepromazine 6.25mg s/c once or twice daily. If Levomepromazine is not available; • Haloperidol 5mg/ml Injection – Initial dose 0.5mg to 1.5mg s/c p.r.n, max 6mg/24hours. Can also be used regularly once or twice daily.

* Leave at least 30minutes between doses. Maximum 4 doses in 24 hours