Symptom Management for Adult Patients with COVID-19 receiving supportive care

- Dyspnea
- Anxiety
- Secretions
- Pain

*Adapted from BC Centre for Palliative Care Guidelines**

Version 2 – 3/30/2020

Opioid Naïve Patient NOT Already Taking Opioids

OPIOIDS
(ALL opioids relieve dyspnea & can be helpful for cough – codeine is not recommended)

- Opioids help relieve acute respiratory distress & agitation, contribute to energy conservation
- Begin at low end of range for frail elderly
- Start with PRN **BUT** low threshold to advance to q4h / q6h scheduled dosing: Avoid PRN = "Patient Receives Nothing"

MORPHINE
2.5 - 5 mg PO **OR** 1 - 2 mg SQ / IV q1h PRN
(SQ / IV can be q30min PRN), if >6 PRN in 24h.

HYDROMORPHONE
0.5 - 1 mg PO **OR** 0.25 - 0.5 mg SQ / IV q1h PRN
(SQ / IV can be q30min PRN), if >6 PRN in 24h.

TITRATE UP AS NEEDED
for relief of dyspnea and/or pain
If using >6 PRNs in 24h, consider dosing at q4h REGULARLY (q6h for frail elderly) **AND** continue a PRN dose.

Also consider bowel regimen for use with opioids: PEG/sennosides.

Patient ALREADY Taking Opioids

- Continue previous opioid, consider increasing by 25%.
- To manage breakthrough symptoms: Start opioid PRN at 10% of total daily (24h) opioid dose.
- Give PRN: q1h PRN if PO, q30min if SQ.

Respiratory secretions/ congestion near end-of-life

- Advise family & bedside staff: not usually uncomfortable, just noisy, due to patient weakness / not able to clear secretions.
- Consider glycopyrrolate 0.4mg SQ q4h PRN **OR** atropine 1% (ophthalmic drops) 1 - 2 drops SL q4h PRN.
- If severe consider furosemide 20mg SQ q2h PRN & monitor response.

For all patients: Other medications

- Opioids are the mainstay of dyspnea management, these can be helpful adjuvants.
- Do not use steroids or NSAIDs in COVID-19 positive.
- Ok to try MDI albuterol. Do NOT use nebulized medications.

For associated anxiety:
LORAZEPAM
0.5 - 1 mg SL q2h PRN, max 3 PRN / 24h, MD to review if max reached.

For severe SOB / anxiety:
MIDAZOLAM
1 - 4 mg SQ q30min PRN, max 3 PRN / 24h, MD to review if max reached.

These recommendations are for reference and do not supercede clinical judgement. We have attempted to decrease complexity to allow barrier-free use in multiple settings.

Evidence supports that appropriate opioid doses do not hasten death in other conditions like advanced cancer or COPD; dosing should be reassessed as patient's condition or goals of care change.

***BC Centre for Palliative Care Guidelines**
http://bit.ly/BCCentreSymptomManagementGuidelines

PCA Infusion Pump Dosing

For further assistance including telephone support please contact your Palliative Care team.

Consult pager: 123-9577

Opioid Naïve Patient

Drug	Loading/Clinician Dose	Basal Rate
Morphine	2.5 mg	1 mg/hr
Hydromorphone	***0.2 mg***	0.2 mg/hr
Fentanyl	***25 mcg***	20 mcg/hr

Patient ALREADY Taking Opioids

For patients on opioids, give a loading dose equal to 10% of total mg of opioid in past 24hrs. Titrate to effect.

- Bolus doses may be given q15min PRN for end-of-life symptoms
- Example titration: give first dose. If ineffective after 15min, repeat dose. If somewhat effective 15min later, increase by 50%. If ineffective, increase by 100%. Reassess in 15min. Repeat cycle until symptom is relieved - that is the effective dose. No dose ceiling.
- Divide the effective dose by 4 and use that as the basal (hourly) rate.
- Adjust basal rates no sooner than 6-8hrs (need to reach steady state, reduces risk of opioid-induced neurotoxicity). Use PRN doses in between basal rate adjustments to achieve comfort (titrate as above).
  - If 0-2 boluses have been given in 6 hours, leave rate the same
  - If 3-5 boluses have been given in 6 hours, increase rate by 50%
  - If 6 or more boluses have been given in 6 hours, increase rate by 100%
  - Give loading dose of 2x new continuous infusion rate while adjusting (eg. 8mg for new rate of 4mg/h)
  - Adjust bolus doses to be 50-100% of new continuous infusion rate (eg. Bolus dose of 2-4mg q15min PRN for new rate of 4mg/h)
  - New rate can be reassessed for adjustment again in 6-8 hours