PALPRAC

The Association of Palliative Care Practitioners of SA
215-486 NPO
https://palprac.org/

Palliative Care in the COVID19 Wards (May 2020)

All Patients

- Document category status and any relevant conversations with patient and/or family
- Communicate decisions with whole team
- Include non-pharmacological management and give medication orally where possible
- Attention to good mouth care

"To care and not to harm"

- Stay calm and use PPE
- Communicate clearly & compassionately
- Your presence means a lot
- Don't forget the family

Specific Symptom Management

Relevant to all symptomatic COVID patients, no matter the expected outcomes

Fever

- No fans
- Wet cloth, remove some bedding

Paracetamol 1g 6hrly orally or IV if unable to swallow

Anxiety

- Be calm, reassuring and present

Lorasepam 1mg-2mg q2 prn until settled, then 6-12h prn OR

Alprazolam 0.5mg–1mg 8h prn

Midazolam 2,5mg-5mg SC q1h until symptoms settle OR

Diazepam 2,5mg orally. Can repeat as needed until sedated - then divide needed dose by 2 and give q12h (long acting)

Dyspnoea

- No Nebulizing
- Correct positioning
- Breathing techniques- 'smell the roses, blow out the candles'
- O2 if sats <90% (ensure correct settings)

Oral morphine 2,5mg-5mg q 1h until settled, then q4h; OR Morphine 1mg-2mg SC/IV q 1h until settled, then q4h OR Fentanyl patch 12.5mcg-25mcg/h q72h (may take up to 8-12h to be effective; give morphine po/sc to start)

Note:

Increase dose by 25% if patient is struggling, until comfortable

Use lower doses and bigger dosage intervals in elderly

Add metoclopramide 10mg q8h po/iv/sc for nausea side effect

Dosing

Dosing will also depend on treatment intent i.e. Palliation vs end-of-life care.

Higher doses of midazolam may be used if the patient is terminal.

COVID symptoms might advance rapidly, needing dose escalation; reassess!

Agitation/Delirium

- Exclude reversible causes like hypoxia, urinary retention, constipation
- Use medication only if patient is distressed, hallucinating, danger to self or others

Haloperidol 0,5mg orally q1h prn OR

2.5mg-5mg IV/SC stat

Can add Haloperidol 5mg in syringe driver over 24hrs

If syringe driver is available:

Initial stat oral/sc doses of morphine and midazolam will be required.

Calculate oral morphine dose required over 24h, divide total dose by 2-3 and deliver this over 24h by continuous sc infusion.

Suggested starting dose:

Morphine 15mg + Metoclopramide 30mg + Midazolam 10mg.

Check specifications of specific driver.

Note on subcutaneous (SC) route:

Can use a 23G butterfly, left in situ on chestwall taped down with clear dressing - monitor site at each use.