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## Clinical Guideline for Symptom Control for patients with COVID-19

BSUH Specialist Palliative Care Team (PCT) can be contacted for advice on **Bleep 8420/6105** (9-5pm Monday-Friday).  
For advice out of hours contact **RSCH: Martlets Hospice** (01273 964164) **PRH: St Peter & St James** (01444 471598).

**Symptom control should be given early, alongside active management.**

**Starting doses are recommended in the table below. If ineffective these can be increased.**

**Regular review is essential; adjust doses according to patient's condition.**

**Stop syringe pump if patient improves.**

For opioid naïve patients with **distressing breathlessness at rest** consider starting a syringe pump:

Morphine 10mg + Midazolam 10mg Subcutaneous/24hrs

**OR**

Oxycodone 5mg + Midazolam 10mg Subcutaneous/24hrs (if eGFR<30)

**For acutely distressed patients (e.g Respiratory Rate >30), with agitation:**

Start with Morphine 20mg and Midazolam 20mg **OR** Oxycodone 10mg and Midazolam 20mg Subcutaneous/24hrs (if eGFR <30)

For all other COVID-19 patients, please ensure the following symptoms are considered and PRN/regular medication prescribed:

Symptom	Recommendation
<b>Breathlessness+/- Pain</b>  Opioids reduce the sensation of breathlessness	<b>If opioid naïve &amp; eGFR&gt;30:</b>  Morphine sulfate Injection 2.5mg S/C PRN, Max. Hourly  <b>OR</b>  Morphine sulfate Immediate Release Liquid 5mg PO PRN, Max. Hourly (if oral route possible)  <b>If opioid naïve &amp; eGFR&lt;30:</b>  Oxycodone Injection 1.25mg S/C PRN, Max. Hourly  <b>OR</b>  Oxycodone Immediate Release Liquid 2.5mg PO PRN, Max.Hourly (if oral route possible)
<b>Respiratory secretions</b>  *Do not use suction*	Glycopyrronium 400microg S/C TDS PRN  <b>If persistent respiratory secretions:</b> add Glycopyrronium 1.2mg/24hours to subcutaneous syringe pump (max 2.4mg /24hours).
<b>Agitation</b>	Midazolam 2.5mg S/C PRN, Max. Hourly  <b>If persistent anxiety or agitation:</b> add Midazolam 10mg/24hours to subcutaneous syringe pump.  <b>OR</b>  Lorazepam 0.5mg Sublingual PRN QDS (if oral route possible)
<b>Nausea/vomiting</b>	Haloperidol 1mg S/C PRN QDS

**NB. Opioid and anxiolytics should not be withheld due to inappropriate concern about respiratory depression.**

**More detailed symptom control and prescribing guidance is available on BSUH Microguide.**

**If 1<sup>st</sup> line drug or syringe pump not available contact palliative care team for alternative advice**