

# COVID-19 and Palliative Care

A speciality guidance to aid care for where death is anticipated in Residential Aged Care Facilities.



**Before enacting these recommendations please identify patients Level of Intervention.**

These recommendations are consistent with: **NFR**, no **ICU** transfer, comfort-focused supportive care, not for hospital transfer/HITH.

Please document **ACP** in resident's file.

Below are **STARTING** doses. COVID-19 symptoms may advance quickly. Be prepared to escalate dosing. Consider dose ranges to give frontline staff capacity for urgent clinical decision-making as needed. GP/ACT review available with access to specialist Palliative Care advice as needed, with option of telehealth.

Dyspnoea
<b>Non- Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>Consider non-pharmacological measures in all patients</li> </ul>
<b>Note: fans contraindicated</b>
<b>Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>All opioids can help. Morphine is preferred and reduces the perception of breathlessness</li> </ul>

Initial dose Morphine 2.5mg S/C q1hrly PRN, max 15mg in 24hrs.

- If symptoms severe

OR

More than 3 doses in 24hrs start regular Morphine 2.5mg S/C q4hrly regularly with Morphine 2.5mg q1hrly PRN, max 15mg in 24hrs.

- Escalate to ACT
- Consider subcutaneous infusion
- MO review if > 3 doses/24 hours. Increment opioids by 30-50% AND escalated to ACT
- Manage associated anxiety/agitation (see Anxiety/Agitation Management)

Exceptions:

- Pt already taking opioids increase baseline opioid by 30% and change to S/C route
- If renal impairment with eGFR <30 call GP or ACT to discuss management options

Cough
<b>Non- Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>Elevate head and positioning</li> </ul>
<b>Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>Opioids are effective, follow as directed in dyspnoea</li> </ul>
<b>Note: nebulisers currently contraindicated</b>
<b>Unresponsive Symptoms</b>
<ul style="list-style-type: none"> <li>Escalate to GP or ACT</li> </ul>

Agitation
<b>Call GP or ACT for sedation advice</b>
<b>Non- Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>Check for urinary retention, constipation, pain</li> </ul>
<b>Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>PRN Q1hrs Midazolam 2.5mg -5mg S/C</li> <li>Initiate regular clonazepam if &gt;3 doses required in 24hrs</li> <li>Regular Clonazepam 0.5mg S/L / S/C BD- TDS</li> <li>Haloperidol 0.5 - 1mg q2hr S/C - agitated delirium</li> <li>Escalate to GP or ACT consult</li> </ul>

In managing these patients, they may require higher doses, rapid titration or earlier continuous S/C infusion than is usually considered in the frail/elderly RACF population.

Pain
Patients may experience pain due to existing co-morbidities, but may also develop pain as a result of excessive coughing or immobility
<b>Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>Commence opioids as per dyspnoea</li> <li>Increments requiring 30-50% every 24 hours, escalate to GP or ACT</li> </ul>

Respiratory secretions
Respiratory secretions / congestion near end-of-life: If present, treat aggressively and early
<b>Non- Pharmacological Measures</b>
<b>Re-positioning on the side. No suctioning.</b>
<b>Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>Glycopyrrolate 0.4mg-0.8mg q1hrly S/C PRN. Max4mg/24hrs</li> <li>Buscopan 20mg q2hrly PRN S/C Max 80mg</li> <li>Escalate to GP or ACT if symptoms unresponsive</li> </ul>

For further assistance or unresponsive symptoms please contact ACT / rpavirtual on 1300 722 276

Anxiety
Commonly makes dyspnoea worse
<b>Non- Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>Reassurance and support</li> <li>Communication</li> </ul>
<b>Pharmacological Measures</b>
<ul style="list-style-type: none"> <li>Midazolam 2.5mg q2hrs S/C PRN</li> </ul>
<b>Fever</b>
Symptomatic with shivering, shaking, chills, aching muscles and joints
<b>Non-pharmacological measures:</b>
<ul style="list-style-type: none"> <li>Reduce room temperature</li> <li>Loose clothing</li> <li>Cool face with cloth/flannel</li> </ul>
<b>Pharmacological Measures</b>
Paracetamol 1g PO / PR QID
<b>Note: NSAIDS currently contraindicated, however if the patient is approaching end of life then NSAIDs may be considered (e.g. ketorolac 30mg S/C TDS; maximum 90mg in 24 hours)</b>



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