Managing Symptoms of Covid-19 (End of Life) in Adults in Community and Non-acute Hospital Settings

Scope: Not every patient who has COVID-19 will die from this infection. This guidance is orientated for those patients who have severe symptoms, are expected to die from this disease and where an admission to an acute hospital has been agreed as not appropriate or in the patient's best interest.

For non-COVID-19 end of life (EOL) guidance refer to APC Guidance.

This guidance supplements existing national COVID (RCGP), NICE COVID and NHSE Speciality Palliative care guidance (for inpatients) on symptom control for the dying patient with COVID-19. The importance of this document is to emphasise simple measures and how oral / sublingual delivery are an effective first line option. These measures will help to preserve stocks of parenteral medicine.

It is recommended that 48 hours supply of medicine is prescribed at a time.

If prescribers or community pharmacies are experiencing difficulty in obtaining supplies of medicines, the re-use of medicines **in care homes or hospices** may be appropriate in certain circumstances – see DHSC guidance for full details.

For primary care, see the medicines management FAQs for advice on other therapies e.g. Oxygen.

Patient / Carer information in appendix 1.

Review of the patient's symptoms and needs must be done on a regular basis. For patients who are being considered for admission to critical care in line with the NICE COVID-19 rapid guideline: managing COVID-19. Bear in mind that this may need to happen urgently.

At the time of publication (March 2021), some of the medications below did not have a UK marketing authorisation for the stated indication or route of administration (see General Medical Council's guidance on prescribing unlicensed medicines for further information).
See also See support for decision-making for off-label prescribing during the COVID-19 pandemic, produced by the General Medical Council (GMC) and Care Quality Commission (CQC), and the GMC's COVID-19 ethical hub.

Doses below assume normal renal and liver function; see BNF if renal or liver function is poor.

Symptom	**First line** (if able to manage oral / sublingual medication)	**Second line** (If unable to swallow and nurse available to administer)
****Prescribers must state a maximum dose in 24 hours. If two consecutive 'when required' doses have been given at the prescribed minimum interval with little or no benefit, then further medical advice should be sought.**		
Cough	If cough is distressing: Try non-pharmacological measures, such as honey - NICE. **If the patient is NOT already taking opioids:** **Codeine linctus (15 mg/5 ml) or codeine phosphate tablets** 15mg–30mg every 4 hours when required (max QDS). If necessary, increase to 60mg every 4 hours when required (max QDS). If codeine ineffective: **Oramorph oral solution 10mg/5ml*†** 2.5mg-5mg up to 1 hourly when required. Max daily dose must be stated. **If the patient is already taking regular opioids increase the regular dose by a third rather than add another opioid.**	If cough is distressing (local advice): If already on morphine for breathlessness, this may suffice. Otherwise: **Morphine sulfate 10mg/ml injection†** 2.5mg-5mg s.c. up to 1 hourly when required (2.5mg in the elderly or frail). Max daily dose must be stated. **If two consecutive when required doses have been given at the minimum interval with little or no benefit seek further medical advice If effective and needed more than twice daily, a syringe driver may be considered (if available), starting with morphine sulfate 10 mg s.c. over 24 hours.

*Oramorph 10mg/5ml is a schedule 5 CD so is exempt from CD prescription regulations

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Symptom	First line (if able to manage oral / sublingual medication)	Second line (If unable to swallow and nurse available to administer)
****Prescribers must state a maximum dose in 24 hours. If two consecutive 'when required' doses have been given at the prescribed minimum interval with little or no benefit, then further medical advice should be sought.**		
Fever	Try non-pharmacological measures - NICE. Consider **oral paracetamol or ibuprofen** if fever is accompanied by other symptoms that antipyretics would help treat. Do not use with the sole aim of reducing temperature. **Paracetamol tablets or oral solution** 0.5g to 1g every 4 to 6 hours (max 4g per day) **Ibuprofen tablets or oral solution** 400mg every 6 hours	Second line drugs are usually not indicated. For more information on the short-term use of ibuprofen and other non-steroidal anti-inflammatory drugs and COVID-19, see the NICE evidence summary, NHS England policy, and the CHM advice.
Dyspnoea / Breathlessness For patients with signs or symptoms of pneumonia see NICE COVID19 rapid guideline: Managing COVID-19	Try non-pharmacological measures (continue even if opioid started) see pg. 2 of appendix 1 **Oramorph® oral solution 10mg/5ml*†** 2.5mg-5mg up to 1 hourly when required. Max daily dose must be stated. **If already taking regular opioids for pain:** 5mg-10mg up to 1 hourly when required or one twelfth of the 24-hour dose, whichever is greater. Max daily dose must be stated.	**Morphine sulfate 10mg/ml injection†** 2.5mg-5mg s.c. up to 1 hourly when required (2.5mg in the elderly or frail). Max daily dose must be stated. **If two consecutive when required doses have been given at the minimum interval with little or no benefit seek further medical advice If effective and needed more than twice daily, a syringe driver may be considered (if available), starting with morphine sulfate 10 mg s.c. over 24 hours, increasing stepwise to 30mg over 24 hours as required.
Anxiety and/or agitation	Address reversible causes of anxiety (see NICE). **Lorazepam 1mg tablets** 0.5mg-1mg orally or sublingually (off label) every four hours when required (max 4mg daily) If elderly or frail: 0.25mg-0.5mg (max 2mg daily).	**Midazolam 10mg/2ml injection†** 2.5mg-5mg s.c. up to 1 hourly when required Max daily dose must be stated. **If two consecutive when required doses have been given at the minimum interval with little or no benefit seek further medical advice If effective and needed more than twice daily, a syringe driver may be considered (if available), starting with midazolam 10 mg s.c. over 24 hours, increasing stepwise to 60 mg over 24 hours as required.
Delirium	**Haloperidol 500 microgram capsules / tablets# or oral solution** (#tablets are expensive, only use if other oral formulations unavailable) 0.5mg - 1mg at night and every 2 hours when required. Increase to max 10mg daily, or 5mg daily in elderly or frail patients. **OR Levomepromazine 25mg tablets (off label)** 6.25mg (quarter of a tablet) – 12.5mg (half of a tablet) every 4 hours when required, increased to 25mg if necessary. Max 100mg/24hrs. Lorazepam can be given in addition as advised above if the patient is agitated / anxious.	**Levomepromazine injection (off label)** 12.5mg-25mg s.c. up to hourly when required If elderly or frail: 6.25mg-12.5mg s.c. up to hourly when required. Max daily dose must be stated. **If two consecutive when required doses have been given at the minimum interval with little or no benefit seek further medical advice If effective, maintain with s.c. infusion of 25mg-100mg over 24 hrs (doses >100mg/24hrs should be given under specialist supervision) Consider midazolam alone or in combination with levomepromazine if anxiety also present.

*Oramorph 10mg/5ml is a schedule 5 CD so is exempt from CD prescription regulations

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Symptom	**First line** (if able to manage oral / sublingual medication)	**Second line** (If unable to swallow and nurse available to administer)
****Prescribers must state a maximum dose in 24 hours. If two consecutive 'when required' doses have been given at the prescribed minimum interval with little or no benefit, then further medical advice should be sought.**		
Pain	If regular paracetamol and/or codeine are not effective: **Oramorph® oral solution 10mg/5ml*†** 2.5mg-5mg up to 1 hourly when required**.** Max daily dose must be stated.	**Morphine sulfate 10mg/ml injection†** 2.5mg-5mg s.c. up to 1 hourly when required (2.5mg in the elderly or frail). Max daily dose must be stated. **If two consecutive when required doses have been given at the minimum interval with little or no benefit seek further medical advice If effective and needed more than twice daily, a syringe driver may be considered (if available), starting with morphine sulfate 10 mg s.c. over 24 hours.
Nausea and Vomiting	Local intelligence suggests not common in end stage Covid-19, but may result as a side effect of opioids. Continue with current antiemetics if taking and they are effective. If not: **Haloperidol 500 microgram capsules / tablets# or oral solution** oral formulations unavailable) 0.5mg every four hours, increasing to 1mg if necessary, max 5mg in 24hours regardless of age **OR Levomepromazine 25mg tablets** 6.25mg (quarter of a tablet) at bedtime, increased if necessary to 12.5mg (half a tablet) to 25mg twice daily if necessary	**Levomepromazine injection** 6.25mg- 12.5mg s.c. up to 1 hourly when required Max daily dose must be stated. **If two consecutive when required doses have been given at the minimum interval with little or no benefit seek further medical advice If effective, maintain with s.c. infusion of 25mg-100mg over 24 hrs (doses >100mg/24hrs should be given under specialist supervision)
Respiratory secretions	**Reposition patient on side** Respiratory secretions are not common in end stage Covid-19 disease	**Hyoscine butylbromide injection** 20mg s.c. up to 1 hourly when required

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† For patients with an existing documented intolerance of morphine consider oxycodone instead. Usual dose is 1.25mg - 2.5mg (approximately equivalent to morphine 2.5mg – 5mg) up to 1 hourly when required (1.25mg in the elderly or frail). Max. daily dose must be stated.

Recommended oxycodone formulations: **10mg/ml injection** for subcutaneous use and **5mg/5ml liquid (Shortec® brand)** for oral use.

Appendix 1

Patient / Carer Information Leaflet for the Management of COVID-19 Symptoms in the Community

This information leaflet is to help patients, or their relatives/carers, who are treating their Covid - 19 symptoms at home.The medicines listed in this leaflet have been prescribed for the patient to help with pain, breathlessness, anxiousness, coughing or nausea and vomiting that they may be experiencing. Note that not all of these medicines are prescribed for every patient.

Codeine, haloperidol, ibuprofen, levomepromazine, lorazepam, and paracetamol may be prescribed in tablet/capsule format and you should follow the directions on the packaging.

Once the medication is no longer required or has expired, please return to the pharmacy when possible.

Remember that prescribed medicines must only be taken by the patient they were prescribed for. Keep out of the reach and sight of children.

If the medicine is being given by a relative or carer please ensure your hands are washed and dried thoroughly before and after giving the medicines.

Oral liquids

Oramorph 10mg/5ml liquid for pain or breathlessness or cough or

Codeine 15mg/5ml linctus for cough or

Paracetamol 500mg/5ml suspension for fever or

Ibuprofen 100mg/5ml suspension for fever

1. Shake the bottle. Remove the lid.
2. Follow the label directions on the bottle which will tell you the dose to take/give and how often.
3. Pour the medicine from the side away from the label, so that drips do not obscure the instructions.
4. Measure the correct dosage according to the label with a 5ml-medicine spoon, oral syringe or a measuring cup. It is best to do this measurement at eye level and the measuring cup should be placed on a flat, level surface. **An ordinary teaspoon is not necessarily a 5ml spoon.**
5. Take/give the medicine.
6. Recap the bottle.
7. If the patient is elderly, they may find it difficult to hold a spoon steady, so a measuring cup may be easier to use.
8. Have/give a drink of water to wash the medicine down.

Lorazepam 1mg sublingual (dissolved under the tongue) tablet for anxiousness

A sublingual tablet dissolves faster so that the drug can be absorbed more quickly into the bloodstream.

How to take a sublingual tablet

1. Follow the label directions on the packet which will tell you the dose to take/give and how often.
2. Place the sublingual tablet under the tongue - do not swallow it.
3. If the tablet is accidentally swallowed, don't worry, it just means the medicine will take a little longer to work.
4. Hold the tablet underneath the tongue for at least 20 seconds, keeping the mouth closed.
5. Try not to swallow for as long as you are able (ideally for at least 2 minutes) to ensure the medication is absorbed properly.

Levomepromazine 25mg tablets for nausea and vomiting

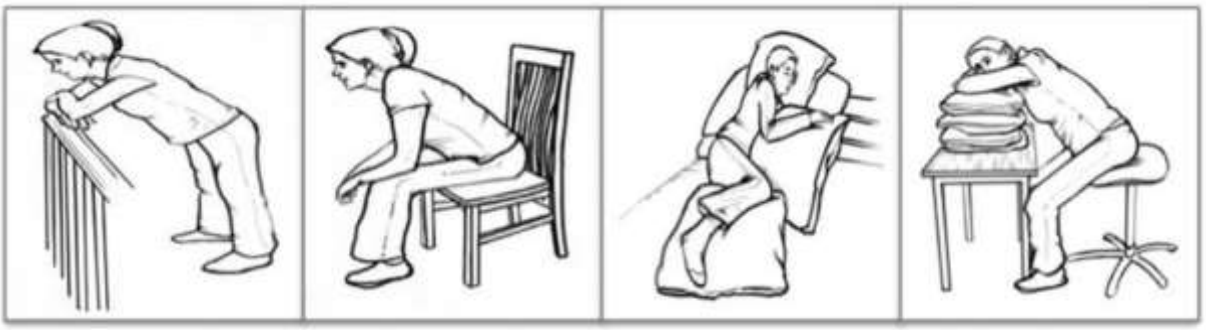
This tablet may need halving or quartering- please follow the directions on the packaging.

Some pharmacies many halve and/or quarter the tablets for you. If not, you should use a tablet cutter that can be purchased from your pharmacy. There should be directions provided with the cutter on how to use - but if not:

1. Place the tablet inside the grooved edge of the tablet cutter.
2. Try to line the tablet up so that the groove in the tablet is in line with the centre of the cutter. (This will help ensure the blade will cut the tablet exactly in half).
3. Press down firmly as you close the cutter.
4. Be careful to avoid the blade when you open the cutter to collect your tablet.
5. The process can be repeated if a quarter dose is required.
6. Follow the manufacturer's directions on how to clean the cutter after use.

Non Pharmaceutical measures to help with breathlessness (ref: RCGP COVID guidance)

- Positioning (various advice depending on position: sit upright, legs uncrossed, let shoulders droop, keep head up; lean forward).
- Relaxation techniques.
- Reduce room temperature.
- Cooling the face by using a cool flannel or cloth.
- Portable fans are not recommended for use during outbreaks of infection or when a patient is known or suspected to have an infectious agent but if someone isolated at home this may not be relevant.
- Mindful breathing techniques, distraction and psychological support can all reduce the sensation of breathlessness.



If you or the person who is caring for you has any questions about the treatment, please contact the community or GP surgery pharmacist. There are community pharmacies open in the evening please see https://www.nhs.uk/service-search/find-a-pharmacy.

Contact your GP or 111 if the symptoms are not being controlled by the medication prescribed.