



Tips for primary care for palliative patients with suspected COVID-19 24th March 2020

- Lots of National and local resources including a section that is being built specifically around COVID-19 at www.cheshire-epaige.nhs.uk
- Remember **advance care planning** is really important. This DOES NOT mean a long document for all palliative/severely frail patients. This means a conversation between that person and/or their significant others and a member of the team and then coding the key decisions and information on the EMIS EPaCCS template so all professionals caring for the patient, in and out of hours, can see this information.
There are a number of resources on the Cheshire Epaige to support you with advance care planning and use of EPaCCS.
- Think about your **care homes** – do you know what the plan would be for the residents if any of them got COVID-19. Have you and the staff at the home thought about who you would need to make best interest decisions for?
- Think about **early anticipatory prescribing** for patients nearing end of life. It might be particularly difficult getting end of life drugs last minute in the current climate.

Tips for managing common Covid-19 symptoms (taken from *COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care, Association for Palliative Medicine for Great Britain and Ireland, 22 March 2020. Full document available on Cheshire Epaige*):

Shortness of breath – Positioning, relaxation techniques, reducing room temperature, cooling face using a flannel. Humidified oxygen if you think there is hypoxia. Opioids can help
– Morphine MR 5mg BD and titrate up/ liquid morphine 2.5-5mg PRN/subcut morphine 1-5mg PRN or 10mg over 24 hours in syringe driver if unable to swallow.

Agitation/Anxiety - Lorazepam 0.5mg SL/O PRN, midazolam 2.5mg subcut, consider morphine and midazolam in syringe driver (morphine 10mg and midazolam 10mg over 24 hours titrated up as needed) if unable to swallow.

Cough - Humidify room, honey and lemon in warm water, suck sweets, elevate head when sleeping, avoid smoking/smoky atmosphere. Simple linctus, codeine linctus (30-60mg PO QDS) or morphine sulphate immediate release or liquid 2.5mg PO 4 hourly. If severe or end of life consider morphine sulphate 10mg in a syringe driver over 24 hours.

REMEMBER YOUR 24 HOUR PALLIATIVE CARE ADVICE LINES:

East Cheshire	East Cheshire Hospice	01625 666999
South Cheshire and Vale Royal	St Lukes Hospice Winsford	01606 555489
West Cheshire	Hospice of the Good Shepherd	01244 852520

www.eolp.co.uk End of Life Partnership. Education, support, coordination and advice. Happy to coordinate any non-urgent queries you have to ensure the right people can support you and also happy to provide any training you may need. Will be providing some short videos and guides to the main current issues and putting on the www.cheshire-epaige.nhs.uk