



Palliative Care Medications for Patients in the Community in West Cheshire during the COVID-19 Pandemic

Symptom control medications in patients who are potentially in the last hours to days of life as a result of COVID 19 in the community setting

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Symptom control medications in patients who are potentially in the last hours to days of life as a result of COVID 19 in the community setting

- This advice has been developed by specialist palliative care across Cheshire and is designed to be used alongside the national document produced by the APM and RCGP (<https://elearning.rcgp.org.uk/mod/page/view.php?id=10537>) and the NICE guidance on symptom control in COVID 19 (<https://www.nice.org.uk/guidance/ng163>). As further national guidance becomes available it may need to be updated.
- For patients with probable or confirmed COVID 19 who are not for hospital transfer and wish to remain at home for end of life care consider prescribing the following medications that could be administered by carers **in addition** to anticipatory injectable medications as per the care and communication record.

Oramorph 10mg/5ml	2.5-5mg 2-4 hourly for pain and SOB	100ml supply
Lorazepam 1mg tablets (halved if possible)	500mcg-1mg 2-4 hourly for anxiety (max 4mg/24 hrs)	8 tablets
Haloperidol 500mcg tablets	500mcg PRN 2 hourly for N&V and delirium	20 tablets
Codeine Linctus	30-60mg PRN QDS for cough	200ml supply
Paracetamol	1g QDS for fever	16 tablets

- Injectable anticipatory medication should continue to be prescribed using the care and communication record. ***Please prescribe subcutaneous Haloperidol (or Levomepromazine if Haloperidol unavailable) as well as Cyclizine due to reported high frequency of agitated delirium in patients dying from COVID 19.***
- Stocks of syringe drivers are monitored by community care teams and a small number have been loaned by the end of life partnership as a reserve supply for patients at home or in care homes should normal stock be exhausted. These will be accessible via Chester GP OOH 24 hours a day. While efforts are ongoing to increase available stock it is possible a surge in numbers of patients dying of COVID 19 at home over a short period of time could mean a syringe driver will not always be available
- In this scenario symptom control medications will need to be delivered in a different way
- If a patient still has an oral route this should be used
- However patients in the last hours to short days of life are unlikely to be able to swallow. Therefore if no syringe driver available medications may need to be delivered by:
 - Subcutaneous injection via a butterfly
 - Intra-nasally/sublingually
- The table below gives options that could be utilised for patients at the end of life with COVID 19 who are unable to swallow. ***Many of the 2nd and 3rd line options are not normal practice and not licenced for the indications in the table. Only prescribe where 1st line options are unavailable.***
- Carers and where possible patients should be offered sensitive explanation if we are using medications out of our normal practice if this is the only option available to manage them at home.
- When prescribing it may be helpful to consider how long lasting the effects of medications are likely to be. Medications with longer half-lives are likely to be needed less frequently.
- The following are suggestions of how medications that could be prescribed in an opioid naïve patient. Doses and frequencies may need to be adjusted due to, for example, frailty and poor renal function.
- Where there are two or more possible options these are listed in order of preference
- Palliative care advice is available 24 hours a day 7 days a week and as of 08.04.20 there will be a consultant in palliative medicine supporting the hospice advice line out of hours for the duration of the COVID 19 crisis. ***It is recommended palliative care advice is sought if considering prescribing any 3rd line medication options.***

	Breathlessness	Pain	Anxiety	Agitated delirium	Respiratory Tract Secretions
Syringe Driver available 1st line drugs	Morphine 10-30mg/24 hrs	Morphine starting at 10mg/24 hrs titrated to effect	Midazolam 10mg/24 hrs titrated to effect up to 60mg over 24 hours	Levomepromazine 25-200mg/24 hrs or Haloperidol 1-5mg/24 hrs	Glycopyrronium 600 micrograms-2.4mg/24 hrs
Syringe Driver available but 1st line drug(s) not available	Oxycodone 5-20mg/24 hrs	Oxycodone starting at 5-10mg/24 hrs then titrated to effect	Levomepromazine 25-200mg/24 hrs if not on Haloperidol or Lorazepam 500 micrograms -1mg SL BD	Midazolam 10mg/24 hrs and titrated to effect up to 60mg if distressing agitation and no antipsychotic available	Hyoscine Hydrobromide 1.2-2.4mg/24 hrs or Hyoscine Butylbromide 60-120mg/24hrs *Cannot be mixed with Cyclizine*
No syringe driver but HCPs able to visit	Morphine 2.5-5mg s/c stat and either PRN 2-4hourly or regularly QDS	Morphine 2.5-5mg s/c stat and either PRN 2-4hourly or regularly QDS	Lorazepam 500 micrograms-1mg SL BD and PRN 2-4 hourly (max 4mg in 24 hrs) or Midazolam 2.5-5mg stat and either PRN 2-4 hourly or regularly QDS	Levomepromazine 12.5-25mg s/c stat and regularly OD or BD. Additional PRN doses up to 4 hourly. Maximum total daily dose 200mg in 24 hrs	Glycopyrronium 200 micrograms s/c stat and then PRN 4 hourly or regularly up to QDS or Hyoscine Hydrobromide 400 micrograms s/c stat and then PRN 4 hourly or regularly up to QDS or Hyoscine Butylbromide 20mg s/c stat then PRN 4 hourly or regularly up to QDS
Lay carer available but no HCP able to visit	Fentanyl 12 micrograms/hr patch or Buprenorphine 5-10micrograms/hr patch or Morphine 20mg/1ml liquid 10mg S/L BD	Fentanyl 12 micrograms/hr patch or Buprenorphine 5-10micrograms/hr patch or Morphine 20mg/1ml liquid 10mg S/L BD	Lorazepam 500 micrograms-1mg SL BD and PRN 2-4 hourly (max 4mg in 24 hrs) or Midazolam 2.5-5mg oromucosal solution pre-filled syringes PRN 2-4 hourly or Midazolam solution for injection 2.5-5mg intra-nasal via atomiser on end of syringe or SL PRN 2-4 hourly	Olanzapine orodispersible tablet 5-10mg OD and 5mg PRN 4 hourly up to max total daily dose of 20mg in 24 hrs or Levomepromazine solution for injection 25mg S/L	Hyoscine Hydrobromide 1mg/24 hr patches (Scopaderm) 2 patches changed every 72 hrs or Atropine 1% ophthalmic drops 1-2 drops QDS

1st line options

2nd line options

3rd line options – **Would not usually be recommended for managing symptoms in last hours to days of life but may give some benefit. Contact palliative care for advice if considering prescribing. Prescribers should be aware that transdermal patches are likely to take up to 12 hours before starting to take effect. If considering giving liquid medication or solutions for injection sublingually consider carefully how realistic it is that these could be draw up and administered if no HCP available.**

Doses in table are for opioid naïve patients. Doses may need to be adjusted to account for factors such as renal impairment or significant frailty. If the patient is already on a regular oral opioid this should be converted to subcutaneous via a syringe driver. If this option is not available contact palliative care for advice.

Accessing Symptom Control Medications in the community for patients at the end of life during the COVID 19 pandemic

In the first instance prescriptions should be sent to the patient's usual pharmacy. However if they are not open or do not have medications in stock some designated pharmacies are being asked to hold increased stocks of palliative care medications that may need to be provided urgently. While this service is not currently formally commissioned it is hoped that it will be in the near future. This service is a back up to the patient's normal pharmacy.

The arrangements for community pharmacies supplying end of life medications is rapidly evolving and this document will be updated to reflect this as further details become available.

G.P out of hours will also be holding increased stocks of anticipatory end of life medications should these need to be accessed outside of pharmacy opening hours.

List of Pharmacies being asked to hold increased stocks of urgent palliative care medicines

Ellesmere Port ASDA, Market Square Tel: 0151 348 6110
Chester Well Pharmacy, Upper Northgate St, Tel: 01244 379268
Chester Sainsbury's (Lloyds) Pharmacy, Great Broughton, Tel: 01244 348518
Tarporley Rowlands Pharmacy, High Street Tel: 01829 733201
Neston J.Cubbin & Sons Ltd, Liverpool Road Tel: 0151 336 2350

List of injectable medications these pharmacies will be asked to hold

Morphine sulphate 10mg/mL x 1mL
Morphine sulphate 30mg/mL x 1mL
Cyclizine lactate 50mg/mL x 1mL
Midazolam hydrochloride 10mg/2mL x 2mL
Glycopyrronium bromide 200micrograms/mL x 3mL
Haloperidol 5mg/mL x 1mL
Dexamethasone (as sodium phosphate) 4mg/mL
Water for Injection 10ml
Oxycodone 10mg/ml
Levomepromazine 25mg/ml

Accessing Specialist Palliative Care Advice for Community Patients- West Cheshire

Monday-Friday 9am-5pm

CWP West Specialist Community Palliative Care Team Professionals Line - Tel 01244 397329

Out of Hours

Hospice of the Good Shepherd 24/7 Palliative Care Advice Line for professionals - Tel 01244 852520

For queries directly related to palliative care of patients in hospital

Countess of Chester Hospital Palliative Care Team - Tel 01244 366086 (Mon-Fri 0900-1700)

GP OOH Service West Cheshire – via 111 or Tel- 01244 385111

Useful Links

- DNACPR form pdf

<http://www.cheshire-epaige.nhs.uk/wp-content/uploads/2020/04/lilacform.pdf>

- Care and Communication Record – West Cheshire- pdf

<http://www.cheshire-epaige.nhs.uk/wp-content/uploads/2020/04/Care-and-communications-record-amended.pdf>

Cheshire e-paige

<http://www.cheshire-epaige.nhs.uk/document-library/?top-category=covid-19>