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# 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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Amended to include Re-use of Medications in Care Homes Local Guidance

### Approved by:

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On Behalf of NHS Cheshire CCG

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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 2<sup>nd</sup> and 3<sup>rd</sup> line options are not normal practice and not licenced for the indications in the table. Only prescribe where 1<sup>st</sup> 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 via the community palliative care team in hour and hospice advice line out of hours. **It is recommended palliative care advice is sought if considering prescribing any 3<sup>rd</sup> line medication options.**

	Breathlessness	Pain	Anxiety	Agitated delirium	Respiratory Tract Secretions
<b>Syringe Driver available 1<sup>st</sup> line drugs</b>	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	Levomopromazine 25-200mg/24 hrs <b>or</b> Haloperidol 1-5mg/24 hrs	Glycopyrronium 600 micrograms-2.4mg/24 hrs
<b>Syringe Driver available but 1<sup>st</sup> line drug(s) not available</b>	Oxycodone 5-20mg/24 hrs	Oxycodone starting at 5-10mg/24 hrs then titrated to effect	Levomopromazine 25-200mg/24 hrs if not on Haloperidol <b>or</b> 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 <b>or</b> Hyoscine Butylbromide 60-120mg/24hrs <b>*Cannot be mixed with Cyclizine*</b>
<b>No syringe driver but HCPs able to visit</b>	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) <b>or</b> Midazolam 2.5-5mg stat and either PRN 2-4 hourly or regularly QDS	Levomopromazine 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 <b>or</b> Hyoscine Hydrobromide 400 micrograms s/c stat and then PRN 4 hourly or regularly up to QDS <b>or</b> Hyoscine Butylbromide 20mg s/c stat then PRN 4 hourly or regularly up to QDS
<b>Lay carer available but no HCP able to visit</b>	Fentanyl 12 micrograms/hr patch <b>or</b> Buprenorphine 5-10micrograms/hr patch <b>or</b> Morphine 20mg/1ml liquid 10mg S/L BD	Fentanyl 12 micrograms/hr patch <b>or</b> Buprenorphine 5-10micrograms/hr patch <b>or</b> Morphine 20mg/1ml liquid 10mg S/L BD	Lorazepam 500 micrograms-1mg SL BD and PRN 2-4 hourly (max 4mg in 24 hrs) <b>or</b> Midazolam 2.5-5mg oromucosal solution pre-filled syringes PRN 2-4 hourly <b>or</b> 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 <b>or</b> Levomopromazine solution for injection 25mg S/L	Hyoscine Hydrobromide 1mg/24 hr patches (Scopaderm) 2 patches changed every 72 hrs <b>or</b> Atropine 1% ophthalmic drops 1-2 drops QDS

1<sup>st</sup> line options

2<sup>nd</sup> line options

3<sup>rd</sup> 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 have been commissioned to hold increased stocks of palliative care medications that may need to be provided urgently during the COVID pandemic.

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 commissioned to hold increased stocks of urgent palliative care medicines**

**Ellesmere Port** ASDA, Market Square Tel: 0151 348 6110  
**Chester** Well Pharmacy, Fountains Health, Delamere St, Tel: 01244 398685  
**Chester** Sainsbury's (Lloyds) Pharmacy, Great Boughton, Tel: 01244 348518  
**Tarporley** Rowlands Pharmacy, High Street Tel: 01829 733201  
**Neston** J.Cubbin & Sons Ltd (Galen Pharmacy), Liverpool Road Tel: 0151 336 2350

#### **List of injectable medications these pharmacies have been commissioned to stock**

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

#### **Prescribing Quantities for Injectable Medicines when Stock Shortages are Anticipated**

Prescribing medicines for managing symptoms of COVID-19 (including at the end of life) in the community may become more challenging should some drugs recommended become difficult to obtain.

To help maintain stocks, prescribers are asked to consider prescribing smaller-than-usual quantities of medication, sufficient for 1 to 2 days at a time. This can then be repeated if required.

**Table: Suggested individual first line medicine quantity to treat patients with COVID-19 symptoms at end of life when stock shortages are anticipated (quantities recommended by NHS North West)**

<b>Drug Therapy</b>	<b>Suggested quantity per patient</b>
<b>Morphine 10mg/ml injection (amps)</b>	4 ampoules
<b>Midazolam 10mg/2ml injection (amps)</b>	3 ampoules
<b>Levomepromazine 25mg/ml injection (amps)</b>	3 ampoules

### **Prescribing Medicines for Re-use from Stock Held in Care Homes**

A further option that can support management of the supply chain and facilitate rapid access to medicines for some patients in care homes is to re-use medicine originally prescribed for one resident (the donor) who has passed away and which has been retained as stock by the care home for use in an urgent situation by another resident (the recipient).

Additional guidance is available to support care homes<sup>1</sup>, prescribers<sup>2</sup> and those administering medication<sup>3</sup> in this situation.

<sup>1</sup>[Cheshire CCG Reuse of medicines in care homes during the COVID19 pandemic guidance and resources. Oct 2020](#)

<sup>2</sup>[Cheshire CCG Guidance for prescribers Reuse of medicines. Oct 2020](#)

<sup>3</sup>[Cheshire CCG Guidance for administration during COVID-19 Oct 2020](#)

Prescribers and care homes are encouraged to familiarise themselves with this guidance in advance of a crisis situation, and the Medicines Optimisation in Care Homes (MOCH) pharmacists and technicians can be contacted for advice and support.

For care homes in West Cheshire the MOCH email address is: [coch.carehomespharmacy@nhs.net](mailto:coch.carehomespharmacy@nhs.net)

### **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>

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