

Caring for patients dying at home with suspected or confirmed COVID-19

This guidance has been developed by the specialist palliative care team at Wirral Hospice St Johns and other relevant stakeholders to support health care professionals (HCPs) looking after patients in the community who are in the last hours or days of life due to probable or suspected COVID-19, and who wish to remain at home. **Please note: this guidance is not intended for patients in the community who are in the last hours or days of life due to any other cause.**

This guidance should be used alongside the regional guidance 'Symptom Control and the Dying Person' (<https://pallaborative.org.uk/>) and NICE NG163 COVID19 Rapid guidance: managing symptoms (including end of life) in the community (<https://www.nice.org.uk/guidance/ng163>).

This guidance aims to give advice on managing issues arising from the COVID19 pandemic such as:

- Lack of equipment such as syringe drivers (for difficulty in accessing a syringe driver contact the Palliative Advice and Information Line (PAIL) as below).
- Reduced staff capacity, resulting in difficulty administering end of life medications.
- Supply issues with commonly used medications.

Where patients still have a viable oral route this should be utilised however anticipatory subcutaneous medicines should also be prescribed pre-emptively in case of loss of the oral route as per regional guidance 'Symptom Control and the Dying Person' (<https://pallaborative.org.uk/>).

Symptom control in patients with a viable oral route

The table in Appendix 1 suggests oral treatments for some of the symptoms patients may experience in their last hours or days. The recommendations made are first line where there are no contraindications to the suggested medicines and doses may need to be adjusted for renal function, age or frailty.

Symptom control in patients with no viable oral route

The table in Appendix 2 gives guidance for patients that are no longer able to swallow and are in the last hours or days of life. In this situation all regular oral medications should be reviewed, and non-essential medicines should be stopped, but please consider the following:

1. For patients who are opioid naïve, stat s/c doses of end of life medications can be administered 'prn' before commencing CSCI. If more than 2 to 3 doses are required in a 24-hour period, then CSCI should be commenced.
2. For patients already taking a regular oral opiate, convert to s/c doses.
3. Patients taking an antiepileptic or a benzodiazepine, convert to an appropriate alternative that can be administered s/c.

The table shows first choice options for a patient requiring regular medication to control symptoms via a syringe driver. The second choice recommendations are for if either a syringe driver, or the first choice medicines are not available. Options may include administration by subcutaneous injection via a butterfly either on a PRN basis or regularly.

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The doses in the table are for opioid naïve patients and may need to be adjusted for renal function, hepatic impairment, age or frailty.

Note:

1. **Impaired renal function:** consider dose adjustment or switching to oxycodone
2. **Impaired hepatic function:** consider specialist support - Alfentanil

If the patient is already on a regular oral opioid this should be converted to subcutaneous administration via a syringe driver. If this option is not available, or if you are unsure how to proceed with the symptoms management of the patient please refer to the palliative care team for advice.

Specialist palliative care advice

Palliative care advice is available 24 hours a day 7 days a week via the Palliative Advice and Information Line (PAIL). The PAIL is open to GPs, in and out of hours, community nurses, multi-professional team members, Wirral University Teaching Hospital (WUTH) and clinical staff from nursing and care homes with queries regarding:

- Palliative care assessment
- Pain/symptom control measures
- Specialist palliative care services including Hospice services
- Hospice at Home
- Inability to source first or second line options

It is recommended palliative care advice is sought if the first and second line options are not available or if you are unsure how to proceed with symptom management.

Palliative Advice and Information Line (PAIL):

- Monday to Friday, 9.00 am to 5.00 pm - Tel: 0151 328 0481
- Monday to Friday, 5.00 pm to 9.00 am - Tel: 0151 343 9529
- Weekends / Bank Holidays - Tel: 07880446498

Useful resources

<https://elearning.rcgp.org.uk/mod/page/view.php?id=10537>

<https://apmonline.org/>

<https://www.nice.org.uk/guidance/ng163>

<https://www.hospiceuk.org/what-we-offer/clinical-and-care-support/what-to-expect/caring-for-your-dying-relative-at-home-with-covid-19>

Appendices

Appendix 1 - Symptom control in patients with a viable oral route

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Appendix 1 - Symptom control in patients with a viable oral route

Symptom	Medication	Dose - may need to be adjusted to account for renal impairment or significant frailty	Recommended volume of supply
Pain: Opiate naive	Morphine sulfate liquid 10mg/5ml (Oramorph®)	2.5 to 5mg as required, usually every 2 to 4 hours.	100ml *
Pain: Already taking opiates	Morphine sulfate liquid 10mg/5ml (Oramorph®)	5 mg to 10 mg every 2 to 4 hours as required Or One sixth to one twelfth of the current 24-hour dose, whichever is greater	100ml *
Shortness of breath: Opiate naive	Morphine sulfate liquid 10mg/5ml (Oramorph®) Or Morphine sulfate modified-release	2.5 to 5mg as required, usually every 2 to 4 hours, Or 5 mg twice a day, increased as necessary (maximum 30 mg daily)	100ml * 8 tablets
Shortness of breath: Already taking opiates	Morphine sulfate liquid 10mg/5ml (Oramorph®)	5 mg to 10 mg every 2 to 4 hours as required	100ml *
Agitation / distress caused by breathlessness	Lorazepam tablets 1mg tablets	0.5 to 1mg, every 2 to 4 hours (sublingually) (max 4mg/24 hrs) Consider reduction of dose to 0.25 – 0.5mg every 2 to 4 hours for frail, elderly patients (max 2mg/24 hrs)	8 tablets **
Nausea and vomiting	Haloperidol 0.5mg tablets	0.5mg when required every 2 hours (max 10mg/24 hours) Consider reduction of dose for frail, elderly patients (max 5mg/24hours)	10 tablets
Delirium	Haloperidol 0.5mg tablets	0.5mg when required every 2 hours (max 10mg/24 hours) Consider reduction of dose for frail, elderly patients (max 5mg/24hours)	10 tablets
Cough	Codeine Linctus (15mg/5ml) or codeine tablets 15mg or 30mg. Or Morphine sulfate liquid 10mg/5ml (Oramorph®)	15 to 30mg four times daily if required Increase to 30 to 60mg four times daily if required as necessary. (max 4 doses (240mg) in 24 hours) 2.5 to 5mg as required, usually every 2 to 4 hours Increase up to 5 to 10mg every 4 hours as required if necessary. If the patient is already taking regular morphine increase the regular dose by a third.	200ml 28 tablets 100ml *
Fever	Paracetamol 500mg tablets, soluble tablets or 250mg/5ml liquid	500mg to 1g every 4 to 6 hours (max 4 doses in 24 hours)	16 tablets 100ml
Constipation	Senna 7.5mg tablets	7.5 to 15mg at night Can increase to 30mg in divided if necessary	16 tablets

* Where smaller quantities may be appropriate, 20ml pre packs available for hospital at home, GP out of hours and home visiting GPs from primary care hubs.

** Where smaller quantities may be appropriate, 4 tablet pre packs are available for hospital at home, GP out of hours and home visiting GPs from primary care hubs.

Appendix 2 Symptom control in patients with no viable oral route (NB: the use of S/C medicines would usually be advocated in the first instance, and CSCI initiated only if patient requires more than 2-3 doses of S/C medicines in 24 hours)

1 st line options	Breathlessness	Pain	Anxiety or distress due to breathlessness	Agitated delirium	Respiratory Tract Secretions
2 nd line options					
Syringe Driver available 1st line drugs*	Morphine starting at 10mg and titrate up according to symptoms to 30mg/24 hrs. *If eGFR <30ml/min/1.73m ² then Oxycodone is 1 st line option	Morphine starting at 10mg/24 hrs titrated to effect	Midazolam 10mg/24 hrs titrated up by no more than 50% in each 24-hour period to effect. Max 30mg over 24 hours. Doses over 30mg, seek advice from Palliative Care.	Haloperidol 1 to 5mg/24 hrs as usual starting range. If ineffective can be increased to 10mg over 24 hours or Levomepromazine 25 to 100mg/24 hrs (under specialist supervision dose can increase to 200mg).	Glycopyrronium 0.6 to 2.4mg/24 hrs
Syringe Driver available but 1st line drug(s) not available*	Oxycodone starting at 5mg and titrate up according to symptoms. Max 15mg/24 hrs	Oxycodone starting at 5 to 10mg/24 hrs then titrated to effect	Lorazepam 0.5 to 1mg (sublingually) when required every 2 to 4 hours (max 4mg in 24 hrs) Reduce dose to 0.25 – 0.5mg every 2 to 4 hours, max 2mg in 24 hours, for elderly or debilitated patients) or Levomepromazine 25 to 100mg/24 hrs If elderly, consider 12.5 to 50mg/24 hrs (under specialist supervision dose can increase to 200mg/24hr).	Midazolam 10mg/24 hrs and titrated to effect up to 30mg if distressing agitation and no antipsychotic available. Seek advice from Palliative Care for midazolam doses above 30mg.	Hyoscine Hydrobromide 1.2 to 2.4mg/24 hrs or Hyoscine Butylbromide 60 to 120mg/24hrs *Cannot be mixed with Cyclizine*
No syringe driver but HCPs able to visit*	Morphine 1 – 2mg s/c stat and as required every 2 to 4 hours or regularly four times daily, increasing as necessary.	Morphine 2.5 to 5mg s/c stat and either as required every 2 to 4 hours or regularly four times daily	Lorazepam 0.5 to 1mg (sublingually) when required every 2 to 4 hours (max 4mg in 24 hrs) Reduce dose to 0.25 – 0.5mg every 2 to 4 hours, max 2mg in 24 hours, for elderly or debilitated patients) or Midazolam 2.5 to 5mg stat and either when required every 2 to 4 hourly or regularly four times daily. Max dose 30mg in 24 hours. For doses over 30mg, seek advice from Palliative Care	Levomepromazine 12.5 to 25mg s/c stat and regularly once or twice daily. If elderly, consider 6.25-12.5mg dose. Additional doses as required up to 4 hourly. Maximum total daily dose 100mg in 24 hrs (under specialist supervision dose can increase to 200mg/24hr).	Glycopyrronium 200 micrograms s/c stat and then when required 4 hourly or regularly up to four times daily or Hyoscine Hydrobromide 400 micrograms s/c stat and then 4 hourly as required or regularly up to four times daily or Hyoscine Butylbromide 20mg s/c stat then as required every 2 to 4 hours or regularly four times daily

Appendix 3 Community Pharmacies holding extended palliative care stocks



All community pharmacies may hold stock of palliative care anticipatory medicines. The list below shows those community pharmacies that have agreed to hold extended lists. **NB Opening hours are subject to change during Covid19 pandemic.**

Pharmacy Name	Contact nos.	Opening Hours							
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Bank Holiday
Alliance Pharmacy 206-208 Bedford Road, Rock Ferry, CH42 2AT	Tel: 0151 643 9051 Fax: 0151 643 9051	9am – 6pm	9am – 6pm	9am – 6pm	9am – 6pm	9am – 6pm	9am – 5pm	CLOSED	CLOSED
Boots The Chemist Ltd Croft Business Park, Welton Road, Bromborough, CH62 3PN	Tel: 0151 343 0276 Fax: 0151 343 0281	8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm	8am – 6.30pm	10am – 4pm	10am – 6pm
Cloughton Pharmacy 161 Park Road North, Birkenhead, CH41 0DD	Tel: 0151 653 7543 Fax: 0151 653 8262	7am – 10.30pm	7am – 10.30pm	7am – 10.30pm	7am – 10.30pm	7am – 10.30pm	7am – 10.30pm	9am – 4pm	CLOSED
Lloyds Pharmacy Arrowe Park Hospital, Arrowe Park Road, Upton, CH49 5PE	Tel: 0151 677 6449 Fax: 0151 677 6449	8.30am – 10pm	8.30am – 10pm	8.30am – 10pm	8.30am – 10pm	8.30am – 10pm	9am – 10pm	9am – 10pm	9am – 10pm
Manor Pharmacy 13 Station Approach, Meols, CH47 8XA	Tel: 0151 632 0070 Fax: 0151 632 0070	9am – 1pm / 2 – 6pm	9am – 1pm / 2 – 6pm	9am – 1pm / 2 – 6pm	9am – 1pm / 2 – 6pm	9am – 1pm / 2 – 6pm	9am – 1pm / 1.30pm - 4pm	CLOSED	CLOSED
St Catherine's Pharmacy Church Road, Birkenhead, CH42 0LQ	Tel: 0151 601 3132 Fax: 0151 647 9091	7.30am – 10pm	7.30am – 10pm	7.30am – 10pm	7.30am – 10pm	7.30am – 10pm	8am – 10pm	8.30am – 10pm	10am – 10pm (hours vary over Christmas & New Year)
Moreton Pharmacy 205/207 Hoylake Road, Moreton, CH46 0SJ	Tel: 0151 677 2344 Fax: 0151 677 2344	8.30am – 6pm	8.30am – 6pm	8.30am – 6pm	8.30am – 6pm	8.30am – 6pm	9am – 5.30pm	CLOSED	CLOSED
Tesco Pharmacy Telegraph Road, Heswall, CH60 7SL	Tel: 0151 331 1632 Fax: 0151 676 0449	8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm	8am – 8pm	10am – 4pm	9am – 6pm
Townfield Pharmacy Townfield Close, Noctorum, CH43 9JW	Tel: 0151 653 7707 Fax: 0844 858 4470	9am – 6pm	9am – 6pm	9am – 6pm	9am – 6pm	9am – 6pm	9am – 1pm	CLOSED	CLOSED
Tree Tops Pharmacy 49 Bridle Road, Bromborough, CH2 6EE	Tel: 0151 327 4554 Fax: 0151 327 8465	8.30am – 6.30pm	8.30am – 6.30pm	8.30am – 6.30pm	8.30am – 6.30pm	8.30am – 6.30pm	9am – 1pm	CLOSED	CLOSED
Wilson's Pharmacy 17 The Crescent, West Kirby, CH48 4HW	Tel: 0151 625 6115 Fax: 0151 625 6115	9am – 5.30pm	9am – 5.30pm	9am – 5.30pm	9am – 5.30pm	9am – 5.30pm	9am – 5pm	CLOSED	CLOSED
Victoria Central Pharmacy Mill Lane, Wallasey, CH44 5UP	Tel: 0151 639 0732 Fax: 0151 639 0732	8.30am – 7pm	8.30am – 7pm	8.30am – 7pm	8.30am – 7pm	8.30am – 7pm	8.30am – 5.30pm	CLOSED	CLOSED

Additional pharmacies holding extended palliative care stocks, until 31st May 2021.

Pharmacy Name	Contact nos.	Opening Hours							
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Bank Holiday
Birkenhead Pharmacy 31 Laird Street, Birkenhead, Merseyside, CH41 8DB	Tel: 0151 653 7720 Fax: 0151 653 7720	9am – 7pm	9am – 7pm	9am – 7pm	9am – 7pm	9am – 6pm	9am – 1pm	CLOSED	CLOSED
Boots The Chemist Ltd Warrens Medical Centre, Arrowe Park Road, Thingwall, Merseyside, CH49 5PL	Tel: 0151 648 9173 Fax:	7.30am – 7pm	8am – 7pm	7.30am – 7pm	8am – 7pm	8am – 7pm	9am – 5pm	10am – 4pm	CLOSED
Rowlands Pharmacy Field Road Health Centre, Field Road, Wallasey, CH45 5BG	Tel: 0151 639 3729 Fax:	8.45am – 1pm 2pm – 6pm	8.45am – 1pm 2pm – 6pm	8.45am – 1pm 2pm – 6pm	8.45am – 1pm 2pm – 6pm	8.45am – 1pm 2pm – 6pm	CLOSED	CLOSED	CLOSED
The Pharmacy 176 Bebington Road, Bebington, Wirral, Merseyside, CH63 7PD	Tel: 0151 645 1013 Fax:	8.30am – 6pm	8.30am – 6pm	8.30am – 6pm	8.30am – 6pm	8.30am – 6pm	9am – 12pm	CLOSED	CLOSED

Appendix 4 – Template PMAC. Anticipatory Medicines.

Wirral University Teaching Hospital  NHS Foundation Trust Wirral Community Health and Care  NHS Foundation Trust

PATIENT MEDICINES ADMINISTRATION CHART

To be completed for any medicines administered by WCT Community Nurses, with the exception of medicines administered via syringe drivers in palliative care

<i>If applicable please tick if a syringe driver is in use:-</i>	COMMUNITY NURSING USE ONLY RECORD NUMBER OF PATIENT MEDICINES ADMINISTRATION CHARTS IN USE:- (PMAC) _____ of _____ e.g. 1 of 1 or 1 of 2
Any Known Allergies / Adverse Drug Reactions?	Review Date: _____

Date and Time prescribed 24 Hour	Medication (Approved Name) please print	Dose please state units	Route	Frequency and course length if applicable	Time to be administered if applicable	Prescriber Print name and provide signature	Designation of Prescriber	Date Discontinued	Person Discontinuing Medication Print name and provide signature
<i>If applicable for injectable, state :- Diluent / Amount</i> <i>Duration and/or Rate:-</i>									
Date	Medication	Dose	Route	Frequency	Time	Prescriber	Designation		
<i>If applicable for injectable, state :- Diluent / Amount</i> <i>Duration and/or Rate:-</i>									
Date	Medication	Dose	Route	Frequency	Time	Prescriber	Designation		
<i>If applicable for injectable, state :- Diluent / Amount</i> <i>Duration and/or Rate:-</i>									
Date	Medication	Dose	Route	Frequency	Time	Prescriber	Designation		
<i>If applicable for injectable, state :- Diluent / Amount</i> <i>Duration and/or Rate:-</i>									
Date	Medication	Dose	Route	Frequency	Time	Prescriber	Designation		

Patient Name	Address
Date of Birth.....
Weight of patient (if required)	NHS Number

WUTH use only: Please present to pharmacy for clinical screen with discharge prescription. WUTH Pharmacist Signature |

If Controlled Drugs are being administered rewrite chart every 28 days, otherwise rewrite chart every 6 months
 If a medication is to be added, changed or following a new admission a new chart **must** be written and the previous chart discontinued.
 Discontinue medication by scoring through with line, date, print name and signature of person discontinuing medication June 2012

Appendix 6 - Sample PMAC: Oral medicines for opiate naive patient.

PATIENT MEDICINES ADMINISTRATION CHART

To be completed for any medicines administered by WCT Community Nurses, with the exception of medicines administered via syringe drivers in palliative care

<i>If applicable please tick if a syringe driver is in use:-</i>	COMMUNITY NURSING USE ONLY RECORD NUMBER OF PATIENT MEDICINES ADMINISTRATION CHARTS IN USE:- (PMAC) _____ of _____ e.g. 1 of 1 or 1 of 2
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Any Known Allergies / Adverse Drug Reactions?	Review Date:
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Date and Time prescribed 24 Hour	Medication (Approved Name) please print	Dose please state units	Route	Frequency and course length if applicable	Time to be administered if applicable	Prescriber Print name and provide signature	Designation of Prescriber	Date Discontinued	Person Discontinuing Medication Print name and provide signature
	Paracetamol tablets, soluble tablets or liquid For fever or pain	500mg to 1gram	oral	4 to 6 hourly when required Maximum 4g in 24 hours					
<i>If applicable for injectable, state :- Diluent / Amount</i> <i>Duration and/or Rate:-</i>									
Date	Medication Lorazepam 1mg tablets For anxiety or agitation	Dose Half a tablet (0.5mg)	Route sublingually	Frequency When required up to Four times a day	Time	Prescriber	Designation		
<i>If applicable for injectable, state :- Diluent / Amount</i> <i>Duration and/or Rate:-</i>									
Date	Medication Morphine sulfate liquid 10mg in 5ml For cough, breathlessness or pain	Dose 2.5 to 5mg	Route oral	Frequency 2 to 4 hourly	Time	Prescriber	Designation		
<i>If applicable for injectable, state :- Diluent / Amount</i> <i>Duration and/or Rate:-</i>									
Date	Medication	Dose	Route	Frequency	Time	Prescriber	Designation		
<i>If applicable for injectable, state :- Diluent / Amount</i> <i>Duration and/or Rate:-</i>									

Patient Name	Address
Date of Birth
Weight of patient (if required)	NHS

WUTH use only: Please present to pharmacy for clinical screen with discharge prescription. WUTH Pharmacist Signature

If a medication is to be added, changed or following a new admission a new chart must be written and the previous chart discontinued.
Discontinue medication by scoring through with line, date, print name and signature of person discontinuing medication June 2012