GUIDE FOR MANAGING SYMPTOMS OF PALLIATIVE CARE PATIENTS DURING THE COVID-19 PANDEMIC

For orders, refer to protocols established by the Vitalité Health Network.

DYSPNEA/COUGH

- Start with low doses in fragile person
- Oxygen up to 2 L/min. If still dyspneic, increase opioid

Opioid dose PO ÷ 2 = SC or IV dose

- **Start with PRN *, but * switch rather quickly to regular q4h / q6h dosage and quickly titrate based on response**
- **Avoid that PRN = "The patient receives nothing"**
- Breakthrough doses/PRN: q1h PRN if PO and q30min if SC
- Start routine for constipation if opioids are taken

If patient is not taking any opioids (naïve)

MORPHINE

- 2.5 - 5 mg PO q1h PRN **OR** 1 - 2 mg SC / IV q30min PRN
- If > 6 PRN in 24 h, give regular dose q4-6h

HYDROMORPHONE

0.5 - 1 mg PO PRN q1h **OR** 0.25 – 0.5 mg SC / IV q30min PRN

- If > 6 PRN in 24 h, give regular dose q4-6h

If the patient is already taking opioids:

- Continue known opioids
- Consider increasing dose by 25%
- Breakthrough doses: 10% of daily dose (24h) of opioids

If severe respiratory distress: *Refer to COVID-19 Respiratory Distress protocol that has been established by Vitalité Health Network.*

ANXIETY

LORAZEPAM

- 0.5-1 mg SL/SC q2h PRN (max. 3 PRN/24 h)
- If max. 3 PRN/24 h reached, consider administering q4-6h reg.

AGITATION/DELIRIUM

HALOPERIDOL

- 0.5-1 mg SC/IV q2h PRN

MIDAZOLAM

- 1-4 mg SC/IV q30min PRN

METHOTRIMEPRAZINE if refractory

- 2.5-10 mg PO/SC q2h PRN
- Initial order max. 3 PRN/24 h
- To be reassessed by MD when max. reached
- Consider administering q4h reg.

RALES/SECRETIONS

GLYCOPYRROLATE

- 0.3-0.6 mg SC/IV q4h PRN

SCOPOLAMINE

- 0.3-0.6 mg SC/IV q4h PRN (more sedative, may help if agitation)

AVOID *suctioning of secretions.*

NAUSEA

HALOPERIDOL

- 0.5-1 mg SC/IV q4h PRN

ONDANSETRON

- 4 mg SC/IV q6-8h PRN

Or refer to Network's palliative care routine.

PAIN

ACETAMINOPHEN

- 650 mg PO/IR q4h PRN

MORPHINE

- 5-10 mg PO or 2.5-5 mg SC/IV q2h PRN **OR**

HYDROMORPHONE

- 1-2 mg PO or 0.5-1 mg SC/IV q2h PRN

If you have any questions or for any refractory symptoms, contact the palliative care team.

Prepared by the palliative care team at the Dr. Georges-L.-Dumont University Hospital Centre

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PALLIATIVE CARE (PC) SERVICES DURING THE COVID-19 PANDEMIC

POSITIVE (+) COVID-19 CASES

- All palliative cases positive for COVID-19 require admission to the COVID-19 Unit.
- The on-call PC physician can be reached at any time by the team looking after COVID-19 cases for case discussions and treatment suggestions.
- No positive COVID-19 cases will be directly seen by the PC team. Favor telecommunications via tablet and telephone for the patient, family and physicians.
- **NO** COVID-19 patient will be allowed visitors, even if a palliative care case.
- The team looking after COVID-19 cases will have access to a document outlining the suggested treatments and the protocol that needs to be followed in the event of respiratory distress in a positive COVID-19 case only.
- No fans are to be used for a positive case of COVID-19.

ADMISSION TO THE PC UNIT DURING THE PANDEMIC

- Any person admitted from home must meet COVID-19 screening criteria. Any person who presents with a symptom of COVID-19 will need to be screened, and a NEGATIVE result must be confirmed prior to admission.
- Any transfer from another unit will need to be approved by the on-call PC physician, who will make sure that the patient meets admission criteria.
- Any patient or visitor who coughs will need to be isolated and quickly assessed to determine if this is a case of COVID-19.

NURSING HOME PATIENTS

- Physicians who work in nursing homes are welcome to contact the on-call PC physician for case discussions and treatment suggestions.
- A resident at level of care 1 or 2 who is positive for COVID-19 and who has severe symptoms will be transferred to the COVID-19 Unit for treatment.
- A resident at level of care 3 or 4 who is positive for COVID-19 must be treated at the facility, and isolation instructions must be followed.
- A resident with multiple comorbidities and a poor baseline condition may require palliative care from the start at the nursing home. (Try to avoid any transfer in hospital setting without first discussing it with a physician.)

PATIENTS IN THE COMMUNITY

- Within the context of the pandemic, the PC team will assist the Extra-Mural Program (EMP) in the follow-up of patients at home.
- Family physicians may contact the on-call PC physician at any time for case discussions and treatment suggestions.
- A *temporary exemption* has been issued under the Controlled Drugs and Substances Act within the context of COVID-19, which:
  -permits pharmacists to extend and renew prescriptions;
  -permits pharmacists to transfer prescriptions to other pharmacists;
  -**permits practitioners to verbally prescribe prescriptions for designated substances (opioids);**
  -allows individuals to deliver designated substances to patients (at their home).

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