Prospect Hospice 24 hour advice line: 01793 816109; Dorothy House 24 hour advice line: 0345 0130 555; Salisbury Hospice 24 hour advice line: 01722 425113
Please note that some of the drug options suggested are used off-label.

End of life prescribing for those unable to take oral medication during COVID-19 outbreak

- For adults with COVID-19 the key symptoms are cough, fever, fatigue, breathlessness, muscle aches and headache. Patients with severe disease/end of life may also suffer with excess respiratory secretions and agitation.
- If your patient has a known/ suspected eGFR of less than 30mL/min please prescribe half dose morphine and monitor for hallucinations, excessive drowsiness and reduced respiratory rate not in keeping with their stage of illness. If these develop please contact specialist palliative care team for advice.

Symptom	Drug	Regular prescription or suggested syringe pump dose / 24 hrs	PRN dose for occasional or breakthrough symptoms	Preparation	Comments
Pain	Buprenorphine patch	For opioid naïve patient use 5-20mcg/hr patch depending on body weight and severity of symptoms. Use opioid conversion chart if already taking opiates	n/a	Patch	• Can take up to 72 hours to reach steady state so consider prognosis; replace every 7 days; can cause irritation at the patch site. • Buprenorphine low strength (5, 10 or 20 mcg/hr) patches (e.g Butec®), do not confuse with higher strength buprenorphine patches.
	Fentanyl patch	For opioid naive patient use 12mcg/hr patch Use opioid conversion chart if already taking opiates	n/a	Patch	• These take up to 48 hours for steady state dose to take effect so consider likely prognosis • Replace every 72 hours • Drug absorbed faster if hot eg fever, use of hot water bottle • Any concerns seek specialist palliative care advice
	Morphine sulphate subcutaneously	For opioid naïve patient 10 mg in syringe pump/24 hours Use opioid conversion chart if already taking opiates	2.5 - 5 mg, 1 - 3 hourly	10 mg, 15 mg, 20 mg, 30 mg	• Check that the patient is not having significant side effects including itching and nightmares • If eGFR known to be less than 30 mL/min please liaise with specialist palliative care
Shortness of breath	Lorazepam sublingual	0.5mg – 1mg once or twice a day (*Prescribe as 1mg tablets which are scored)*	0.5mg – 1mg	Tablet	• **Not all brands of lorazepam can be absorbed sublingually. Please use Genus, Metwest and Genesis brands.** • Place under the tongue and allow to dissolve (patient must not have a dry mouth) • Max 4mg in total in 24 hours
	Buprenorphine patch	For opioid naïve patient use 5-20mcg/hr patch depending on body weight and severity of symptoms. Use opioid conversion chart if already taking opiates.	n/a	Patch	• Can take up to 72 hours to reach steady state so consider prognosis; replace every 7 days; can cause irritation at patch site. • Buprenorphine low strength (5, 10 or 20 mcg/hr) patches (e.g Butec®), do not confuse with higher strength buprenorphine patches.
	Fentanyl patch	For opioid naive patient use 12mcg/hr patch Use opioid conversion chart if already taking opiates	n/a	Patch	• These take up to 48 hours for steady state dose to take effect so consider likely prognosis • Replace every 72 hours • Drug absorbed faster if hot eg fever, use of hot water bottle
	Morphine sulphate subcutaneously	For opioid naïve patient 10 mg in syringe pump/24 hrs Use opioid conversion chart if already taking opiates	2.5 - 5 mg, 1 - 3 hourly	10 mg, 15 mg, 20 mg, 30 mg	• Check that the patient is not having significant side effects including itching and nightmares • If eGFR known to be less than 30 mL/min please liaise with specialist palliative care
Convulsions	Midazolam injection used buccally	PRN use only	10mg prn	10mg/2ml, 5mg/1ml	• Give 10mg, wait 20 minutes and give another 10mg if still signs of seizure activity • Seek specialist palliative advice if seizure activity despite this

Working together:
NHS Bath and North East Somerset Clinical Commissioning Group
NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group

Prospect Hospice 24 hour advice line: 01793 816109; Dorothy House 24 hour advice line: 0345 0130 555; Salisbury Hospice 24 hour advice line: 01722 425113
Please note that some of the drug options suggested are used off-label.

Symptom	Drug	Regular prescription	PRN dose for occasional or breakthrough symptoms	Preparation	Comments
Anxiety/ Agitation/ Confusion/ Restlessness	Midazolam injection used buccally	PRN use only	2.5 - 10 mg Maximum frequency is hourly	10mg/2ml, 5mg/1ml	• Consider reversible causes first, eg pain/urinary retention, constipation • Put syringe against cheek to improve absorption into mouth • Is safe to swallow but anything swallowed will be wasted • For large volumes give half of dose to one side of mouth and other half to the opposite side
	Lorazepam sublingual	0.5mg – 1mg once or twice a day (*Prescribe as 1mg tablets which are scored)*	0.5mg – 1mg	Tablet	• Place under the tongue and allow to dissolve (patient must not have a dry mouth) • Max 4mg in total in 24 hours
	Haloperidol subcutaneously	1-5mg in syringe pump/24 hours	1-1.5mg BD	5mg/ml ampoule	• For delirium • Start at 1mg in eGFR<30mL/min
	Levomepromazine subcutaneously	Initially 25mg in syringe pump/24 hrs and titrate according to response up to 200mg in syringe pump/ 24 hrs.	12.5mg – 25mg to a total of 200mg in 24 hours	25mg/ml ampoule	• Can be given OD or BD if no syringe pump due to long half-life; • Can also be used as a broad spectrum antiemetic; • Discuss with specialist palliative care if symptoms difficult to manage
	Midazolam subcutaneously	10 – 60mg in syringe pump/24 hours	2.5 – 5mg 1 – 3 hourly	10 mg/2 ml ampoule	• Consider reversible causes first, eg pain/urinary retention/constipation
Respiratory Secretions	Hyoscine hydrobromide patch (scopaderm)	1 - 2 patches	n/a	Patch	• Apply to skin behind the ear, 1 patch starting dose, can escalate every 24 hours by a patch to 2 patches • Steady state reached after 6 hours, Replace every 72 hours • Can cause delirium
	Glycopyrronium Bromide subcutaneously	600 micrograms – 2400 micrograms in syringe pump /24 hrs	200 – 400 micrograms qds	200 micrograms/ml 600 micrograms/3 ml	• Does not cause constipation or delirium
	Hyoscine butylbromide subcutaneously	60 – 120mg in syringe pump / 24 hrs	20mg TDS	20mg/1ml ampules	• Can cause/worsen constipation
Nausea & Vomiting	Orodispersible olanzapine	5mg OD	An additional 5mg once in 24 hours	Orodispersible Tablet	• Place on the tongue, allow to dissolve, then swallow • Alternatively, dissolve in small amount of liquid and drink immediately
	Levomepromazine subcutaneously	6.25mg	6.25mg to maximum 18.75mg in total in 24 hours	25mg/ml	• Broad spectrum anti-emetic Is sedating; use lowest effective dose

Continuous Subcutaneous Infusion (CSCI / Syringe Driver)

The supply of T34 pumps is limited; prioritise for those without relatives able to administer medications

Drug	*When to start*	*Route*	*Diluent*
Morphine sulfate 10-20mg/24hrs	For breathlessness	Via subcutaneous syringe driver over 24hrs	Water
Glycopyrronium 600 mcg- 2400micrograms/24hrs OR Hyoscine butylbromide 60-120mg/24hrs	For respiratory secretions		
Haloperidol 1 – 5mg/24 hours	For agitation/delirium		
Midazolam 10-30mg/24hrs	For breathlessness and/or agitation		

Working together:
NHS Bath and North East Somerset Clinical Commissioning Group
NHS Swindon Clinical Commissioning Group
NHS Wiltshire Clinical Commissioning Group