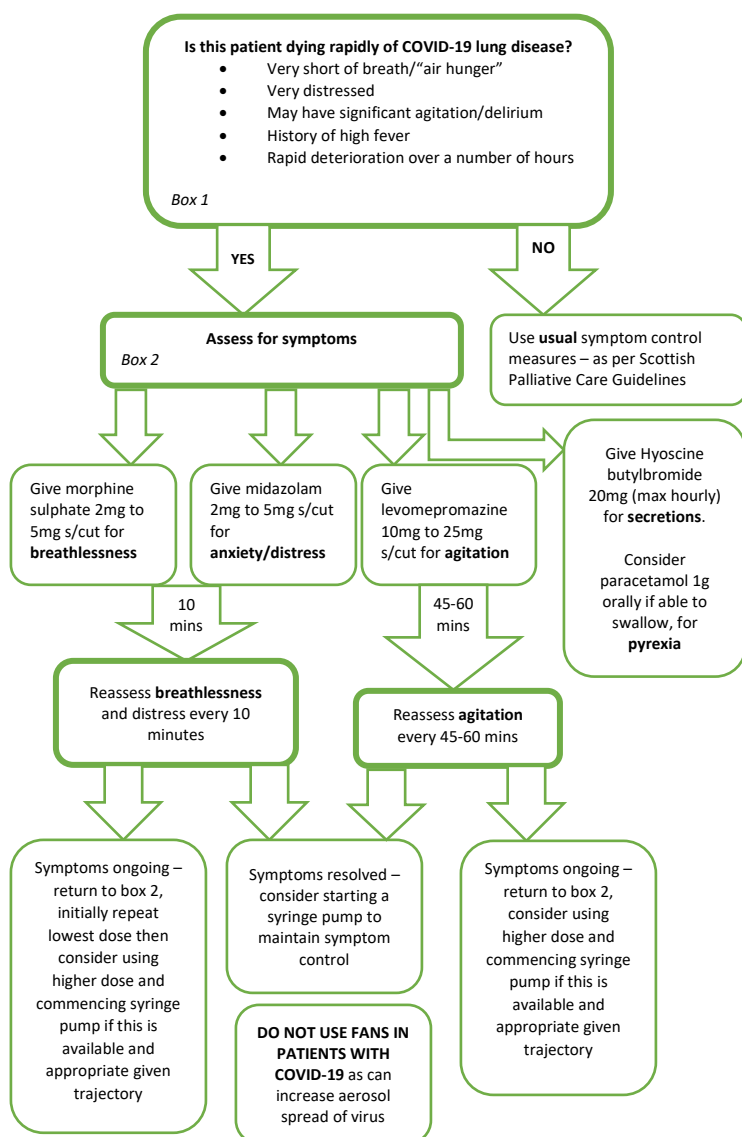


Temporary guidance for Primary Care: expires end April 2021. Based on Guidance from NHS Forth Valley

## Guidance for Prescribing and Administering PRN medication when a Person is Imminently Dying from COVID-19 Lung Disease

Some patients dying of COVID-19 lung disease could have **severe** symptoms with **rapid decline**. In this situation it is important to deliver effective medications, at effective doses, from the outset. Early management of symptoms will be the most effective way to reduce suffering. The Scottish Palliative Care Guidelines now include a temporary guideline with regard to symptom management in this situation: [www.palliativecareguidelines.scot.nhs.uk](http://www.palliativecareguidelines.scot.nhs.uk). The flowchart below is adapted from this guideline. The full guideline contains information on alternative medications that can be used. This new guideline should **only** be used when patients are **rapidly** dying with **severe respiratory distress** from confirmed or suspected COVID19, and after potentially reversible causes of decline have been considered and addressed. In all other situations the usual Scottish Palliative Care Guidelines apply. This leads to potential to have 2 anticipatory regimes prescribed for an individual, meeting the need to respond promptly to rapid decline. In this situation risk assessment and clear communication by the prescriber to the MDT is paramount (see example overleaf). Ultimately the decision lies with the prescriber and their knowledge of the patient and the care environment.

Further advice can be obtained by phoning **your local hospice**.



### Notes:

In patients who are already receiving a regular opioid, use 1/6 of total daily opioid dose as a prn dose.

If a patient has known *renal impairment*, eGFR<30ml/min, consider using **Oxycodone s/cut prn** if readily available. Use **Alfentanil** in a syringe pump.

2mg morphine = 1mg oxycodone

Consider using lower doses in elderly patients.

Pain is not a prominent feature of COVID-19 lung disease

### Suggested starting doses of syringe pumps:

**Morphine** 10mg to 20mg/24 hrs

**Alfentanil** 600micrograms to 1.3mg/24 hrs if eGFR known or likely to be <30ml/min

**Midazolam** 10mg to 20mg/24 hrs; maximum 100mg/24hrs

**Levomepromazine** 50mg/24 hrs; maximum 100mg/24hrs; use clinical judgement, may start lower based on persons response to previous bolus doses, higher doses can be given on specialist advice

**Hyoscine butylbromide** up to 180mg/24hrs

**NB Initially titrating with subcutaneous medications to achieve symptom control quickly is recommended as syringe pumps take at least 4 hours to reach full effect.**

If patient meets the above criteria then prescribe prn medication thus:

DRUG	DOSE	ROUTE	INDICATION	MIN.INTERVAL
MORPHINE SULFATE	2mg to 5mg	SUBCUTANEOUS	Severe breathlessness	10 mins
MIDAZOLAM	2mg to 5mg	SUBCUTANEOUS	Severe breathlessness Severe anxiety/agitation	10 mins; max. 100mg/24 hrs
LEVOMEPRMAZINE	10mg to 25mg	SUBCUTANEOUS	Severe agitation	1 hour; max. 100mg/24hrs
HYOSCINE BUTYLBROMIDE	20mg	SUBCUTANEOUS	Respiratory secretions	1 hour; max. 180mg/24 hrs

Temporary guidance for Primary Care: expires end April 2021. Based on Guidance from NHS Forth Valley Experience with dose ranges is variable across NHS GGC. Doses of medicines used in severe COVID 19 dying include dose ranges to enable usual doses to be given **MORE FREQUENTLY** and **TITRATED MORE RAPIDLY** as in example below (for opiate naive patient). **Remember that instructions around increments of dose increase and seeking medical advice MUST be stated in the kardex comment/ additional instructions section by the prescriber**

If a patient requires 3 or more doses of any one of their "as required" medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion should be considered.

**AS REQUIRED MEDICATIONS**      **PRESCRIPTION AND RECORDING**

**A DRUG MORPHINE**      Date:      Time:      Dose:      Given By:      Batch No.      Expiry date:

Dose (range): 2mg      Route: SC      Indication: PAIN / DYSPNOEA      Max. Freq: 1 HOURLY

Prescriber (Print & Sign): K. Lee (CCARE)

Additional instructions / comments / allowable dose increase: *Be use in severe & escalating symptoms*

---

**B DRUG LEVOMEPRIMAZINE**      Date:      Time:      Dose:      Given By:      Batch No.      Expiry date:

Dose (range): 2.5mg      Route: SC      Indication: NAUSEA/VOMITING      Max. Freq: 8 hourly

Prescriber (Print & Sign): K. Lee (CCARE)

Additional instructions / comments / allowable dose increase: *Be use in severe & escalating symptoms*

---

**C DRUG MIDAZOLAM**      Date:      Time:      Dose:      Given By:      Batch No.      Expiry date:

Dose (range): 2mg      Route: SC      Indication: AGITATION/ ANXIETY/DYSPNOEA      Max. Freq: 1 HOURLY

Prescriber (Print & Sign): K. Lee (CCARE)

Additional instructions / comments / allowable dose increase: *Be use in severe & escalating symptoms*

---

**D DRUG HYOSCINE BUTYLBROMIDE**      Date:      Time:      Dose:      Given By:      Batch No.      Expiry date:

Dose (range): 20mg      Route: SC      Indication: RESPIRATORY SECRETIONS      Max. Freq: 1 HOURLY

Prescriber (Print & Sign): K. Lee (CCARE)

Additional instructions / comments / allowable dose increase: *Be use in severe & escalating symptoms*

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

---

If a patient requires 3 or more doses of any one of their "as required" medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion should be considered. \* COVID19 OPTIONS

**E DRUG MORPHINE**      Date:      Time:      Dose:      Given By:      Batch No.      Expiry date:

Dose (range): 2 to 5mg      Route: SC      Indication: SEVERE SOB      Max. Freq: every 10min PEN as below

Prescriber (Print & Sign): K. Lee (CCARE)

Additional instructions / comments / allowable dose increase: *Be use in severe & escalating symptoms. Give 2mg twice as directed, then 5mg seeking medical input*

---

**F DRUG MIDAZOLAM**      Date:      Time:      Dose:      Given By:      Batch No.      Expiry date:

Dose (range): 2 to 5mg      Route: SC      Indication: Severe SOB, agitation      Max. Freq: every 10min PEN as below

Prescriber (Print & Sign): K. Lee (CCARE)

Additional instructions / comments / allowable dose increase: *Be use in severe & escalating symptoms. Give 2mg twice as directed, then 5mg seeking medical input*

---

**G DRUG LEVOMEPRIMAZINE**      Date:      Time:      Dose:      Given By:      Batch No.      Expiry date:

Dose (range): 10 to 25mg      Route: SC      Indication: Terminal agitation delirium/delusions      Max. Freq: Hourly

Prescriber (Print & Sign): K. Lee (CCARE)

Additional instructions / comments / allowable dose increase: *Give 10mg another 10mg one hour later if required then seek medical advice. Max 100mg/24hrs*

---

**H DRUG**      Date:      Time:      Dose:      Given By:      Batch No.      Expiry date:

Dose (range):      Route:      Indication:      Max. Freq:

Prescriber (Print & Sign):

Additional instructions / comments / allowable dose increase:

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

It is suggested that when prescribing anticipatory medicines, prescribe as per usual guidance using the community palliative care kardex and that an alternative regime is made available on the second page if the person is COVID 19 positive.

**COVID 19 Options for severe & rapid decline**

**Additional Instructions:**  
 Start at lowest dose, reassess after prescribed frequency, if symptom persists give second administration at lowest dose. Reassess after prescribed frequency, if symptom persists give third administration at the highest dose. If symptom/s not controlled seek specialist palliative care advice and consider a syringe pump.

Use of initial subcutaneous bolus medications in severe symptoms alongside early commencement of syringe pumps is strongly recommended. Seek palliative care advice. Summary of suggested starting doses and frequency:  
 (NB Please titrate starting dose according to existing PRN requirements)

Medication	Route	Dose and Frequency	Writing Prescription Guidance
<b>Morphine For breathlessness</b>	SC	10mg over 24 hours via syringe pump	Morphine Sulfate 10mg/1ml ampoules for injection. 10mg over 24 hours via syringe pump. Supply 5 (five) amps
<b>Midazolam For breathlessness / terminal agitation</b>	SC	10mg over 24 hours via syringe pump	Midazolam 10mg/2ml ampoules for injection. 10mg over 24 hours via syringe pump. Supply 5 (five) amps
<b>Hyoscine butylbromide For respiratory secretions</b>	SC	60mg over 24 hours via syringe pump	Hyoscine butylbromide 20mg/1ml ampoules Supply 5 amps
<b>Levomepromazine For terminal agitation</b>	SC	50mg over 24 hours via syringe pump	Levomepromazine 25mg/1ml ampoules. Supply 5 amps
<b>Water for Injection</b>	To make up syringe pump		10ml ampoules as directed. Supply 20 amps