

Covid-19 End-of-Life Symptom Control Using NHS Highland 'Just-in-Case' Medicines

These guidelines are intended for use in situations where it is clear that the individual is suffering from proven or highly probable Covid-19, has no clearly reversible cause of their symptoms and is in the last days or hours of life. It is assumed that non-pharmacological measures are in place and will continue to be used after commencing regular medication. These accompany the Scottish Palliative Care Guideline for COVID-19

	Syringe Driver Available	H C P or Lay Carer able to give s.c. meds (but no Syringe Driver)	Lay Carer not able to administer s.c. meds	Comments
COUGH, BREATHLESSNESS, PAIN	Morphine 15mg to 30mg / 24hrs via csci and 2.5mg to 5mg hourly as required s.c. or buccal	Morphine 2.5mg to 5mg s.c. regularly every 4 hours and hourly as required	Morphine for injection given buccally 2.5mg to 5mg regularly every 4 hours and hourly as required	Titrate doses up by 50% as needed. In suspected renal failure regular dosing to be extended to 8 hourly
ANXIETY OR DISTRESS	Midazolam 15mg to 30mg / 24hrs via csci and 2.5mg to 5mg hourly as required s.c. or buccal	Midazolam 2.5mg to 5mg s.c. regularly every 4 hours and hourly as required	Midazolam for injection given buccally 2.5mg to 5mg regularly every 4 hours and hourly as required	Titrate dose up by 50% as needed. If more than 80mg / 24hrs needed, seek specialist advice
AGITATED DELIRIUM	Levomepromazine 25mg to 50mg / 24hrs and 12.5 to 25mg hourly as required s.c. or buccal	Levomepromazine 6.25mg to 12.5mg s.c. regularly every 4 hours and hourly as required	Levomepromazine 6mg to 12mg by tablet, or 6.25mg to 12.5mg by solution for injection, either given buccally, regularly every 4 hours and hourly as required	Titrate dose up by 50% as needed. If more than 200mg / 24hrs needed, seek specialist advice.
THIN RESPIRATORY SECRETIONS	Hyoscine Butylbromide 60mg to 120mg / 24hrs via csci and 20mg s.c. as required (max 180mg in 24 hours)	Hyoscine Butylbromide 20mg s.c. regularly 8 hourly and every 2 hours s.c. as required (max 180mg in 24 hours)	Atropine eye drops 1% , given buccally , 2 drops regularly every 4 hours and every 2 hours as required	Watch for urinary retention and worsening of delirium. Necessitates regular mouthcare.

csci – continuous subcutaneous infusion. s.c. – subcutaneous.

Diamorphine or oxycodone for injection can be substituted for morphine (2mg of either drug given s.c. or buccally = approx. 2.5mg s.c. morphine)

Please contact Highland Hospice for clarification or if further specialist palliative care advice is required (01463 243132)