

## In the time of Covid-19: NHS Fife Palliative Care guideline for patients who are likely to deteriorate and die in the coming days or weeks for whom the aim is community-based care

### Who does this guideline cover?

- **Patients (over 16 years old) with advanced illness, unrelated to Covid-19**
- **Patients (over 16 years old) with known or suspected Covid-19**
- **Who have been assessed by:**
  - General Practice including out of hours
  - The Covid-19 Assessment Centre
  - Hospital at Home
  - Community hospital teams where the plan is to discharge to the person's own home/a care home
  - The Emergency Department and acute hospital wards where the plan is discharge to the person's own home/ a care home
- **Who are at risk of dying from Covid-19 and/or underlying health conditions in the coming weeks**
- **Decisions on the appropriate management choices should only be made after discussion with the patient, their next of kin or welfare guardian (if lacking capacity) and with the lead nurse or carer for patients in care homes**
- **All decisions on the care of patients is made on an individual basis - based on patients' wishes, prior health status including comorbidities and the potential benefit versus potential harm of hospital-based treatments**

### Where the aim is to support community-based care

- **Agree goals of care with patient and/or family or care home staff:**
  - To provide the best possible supportive care in usual residence
  - If known/suspected Covid-19, acknowledgement of uncertainty around recovery/death
  - Explain role of oral medicines/subcutaneous medicines, an anticipatory Kardex, eKIS
  - Update eKIS/ask GP admin to do so
- **Anticipatory care planning is especially important for patients who may deteriorate despite the support they are receiving in the community. Anticipatory care planning may include a discussion around DNACPR if clinically warranted or if the patient/family wish to discuss DNACPR.**
- **Palliative Care Support Line for patients, families and carers:**
  - Access to this 24/7 community support line can be granted to patients and their families and carers by Primary Care, Hospital at Home, Specialist Palliative Care on the completion of a referral form.
  - Clinicians in secondary care can discuss access to this line for their patients at discharge with Specialist Palliative Care Single Point of Access (SPOA) on 29246.

## PRESCRIPTIONS

### For patients who are able to swallow:

- **1<sup>st</sup> line medications for Covid-19 symptoms, also appropriate for other causes of deteriorating health:**
  - Paracetamol 1 or 2 500mg tablets 4 to 6 hourly\*
  - Morphine 10mg/5ml oral solution 2mg to 4mg (1 to 2 mls) 4 to 6 hourly for pain, breathlessness or cough\*<sup>α</sup>
  - A benzodiazepine **either** Lorazepam tablets 0.5mg as required for anxiety 2 hourly **or** Diazepam tablets 2mg up to 4 times a day as required for anxiety\*

*\*medication can be supplied as over-labelled packs as per SSUMPP process for A/E or COVID-19 RED hub as well as through PGD for community nursing teams.*

*<sup>α</sup>If advice needed for patients already on regular opioid or with eGFR<30 Contact Specialist Palliative Care SPOA on ext: 29246 or 01592 729246*

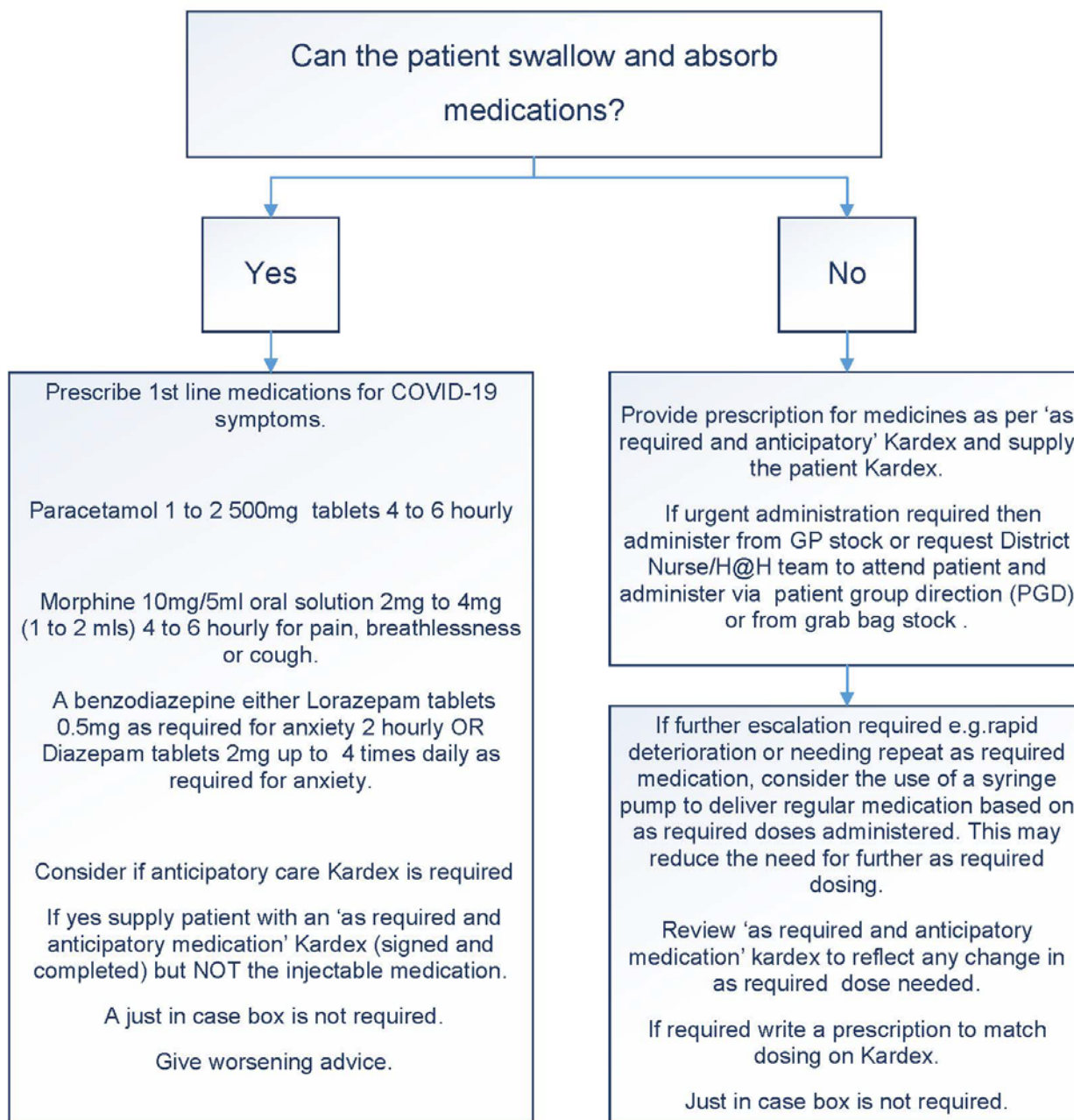
- Consider and discuss for patients an 'as required and anticipatory medication', sign and complete Kardex to stay with them at home, but do not prescribe or dispense the injectable medication if agreed appropriate.
- Community nurses can attend and under PGD rules they can administer 3 doses of each anticipatory medication *or* they can administer via the community Kardex from community grab bags. If the patient requires ongoing subcutaneous medication the community nurses will obtain a prescription. This is to preserve the stocks of controlled drugs.

### For patients who cannot swallow or whose oral route is unreliable:

- **Provide anticipatory kardex and issue prescription** (text below in *italics* can be copied directly for a legal prescription) **for:**
  - *Morphine Sulphate for injection 10mg/ml · Dose 2mg to 5mg SC, PRN 1 hourly, as needed for pain and breathlessness and cough supply 5 (Five) x 1ml amps*
- OR** if known renal impairment with eGFR<30:
  - *Oxycodone injection 10mg/ml · Dose 1mg to 2mg SC, PRN 1 hourly, as needed for pain or breathlessness or cough 5 (Five) x 1ml amps*
  - *Midazolam injection · 10mg/2ml Dose: 2mg to 5mg SC, PRN 1 hourly, as needed for anxiety or agitation. 5 (Five) x 2ml amps*
  - *Hyoscine Butylbromide (Buscopan) injection 20mg/ml · Dose: 20mg SC, PRN 1 hourly for respiratory secretions, max 120mg/24hr*
  - *Levomopromazine injection 25mg/1ml Dose: 2.5mg to 5mg SC, PRN 4 hourly for nausea/vomiting*

**If any advice is needed re prescriptions or plan of care, please phone Specialist Palliative Care 24/7 on 29246/01592 729246**

Anticipatory prescribing and care pathway during COVID outbreak for patients able to stay in place of residence



If palliative care advice for symptoms or care planning support is required at any point in the patient Journey contact SPOA on ext 29246. If patient requires to be admitted follow current pathways