

Symptom control in Covid-19 patients

Corona Virus disease 2019

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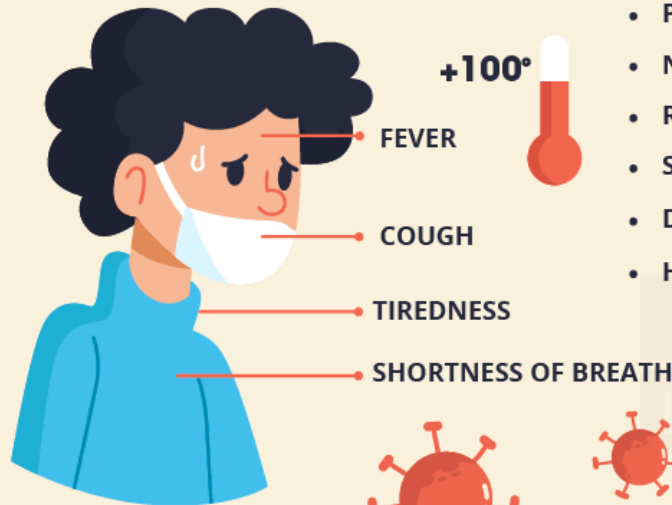
COVID-2019

Coronavirus Infographic

A respiratory disease caused by a novel (new) coronavirus named COVID-19, which was first reported in Wuhan, China at the end of 2019.



THE PRIMARY SYMPTOMS



OTHER SYMPTOMS

- Pains & Aches
- Nasal Congestion
- Runny Nose
- Sore Throat
- Diarrhea
- Headache

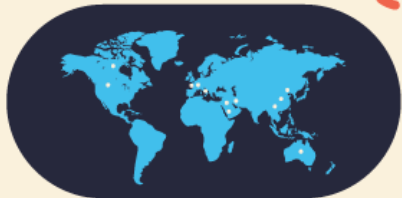
TRANSMISSION

- Respiratory Droplets
- Close Personal Contact
- Contaminated Surfaces

AT RISK GROUPS

- Older Persons
- Those w/ Pre-existing Conditions

PREVENTION



**Cover When
Cough/Sneeze**



**Wash Hand
Regularly**



**Don't Touch
Eyes, Nose, Mouth**



**Avoid Sick
Individuals**

Who are most at risk?

- Patients with comorbidities
 - Heart
 - Lung
 - Immunosuppressed
 - Cancer
- High BMI
- Male

Symptoms

Breathlessness

Cough

Fever

Delirium

Anxiety

Flu-like symptoms and muscular aches

Loss of taste and sense of smell

Breathlessness

Symptom	Non-pharmacological measures
Breathlessness (at rest or minimal exertion)	<ul style="list-style-type: none">• Positioning (Sit upright, legs uncrossed, let shoulders droop, keep head up; lean forward)• Relaxation techniques• Reduce room temperature• Cooling the face by using a cool flannel or cloth• Reassurance• Avoid portable fans due to infection control risk in COVID-19

Distraction

- Relaxation techniques
- Reassurance

Positioning



Forward lean 1



Forward lean 2



Adapted forward
lean for lying



Adapted forward
lean for sitting

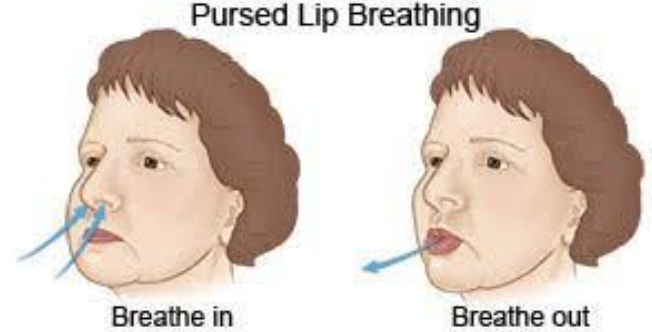
Cooling the face

- by using a cool flannel or cloth



- Reduce room temperature

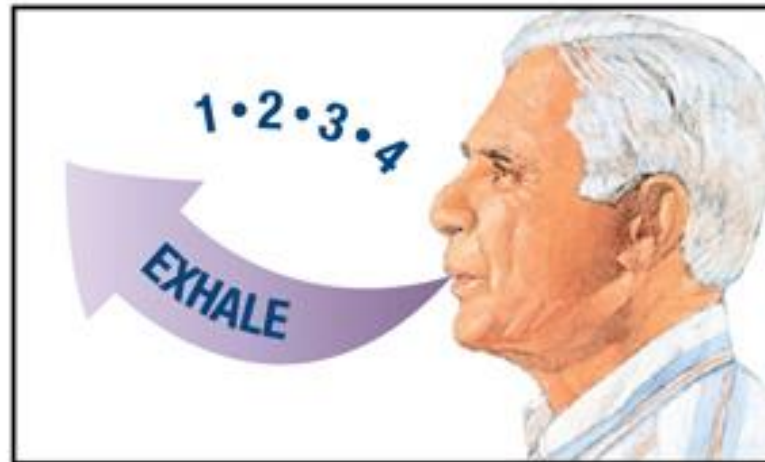
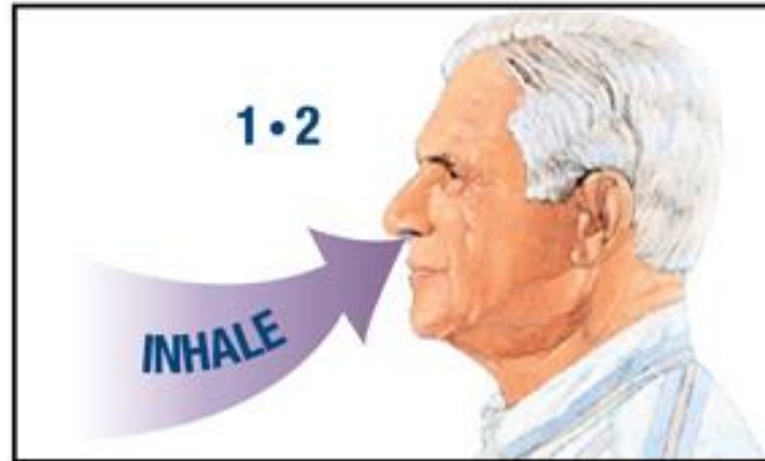
Pursed lip breathing



- Breathe in gently through your nose,
- then purse your lips as though you were going to blow out a candle or whistle.
- Blow out with your lips in this pursed position.
- Imagine 'blowing out a candle' or whistling when you breathe out.
- Try to blow out for as long as is comfortable; do not force your lungs to empty.

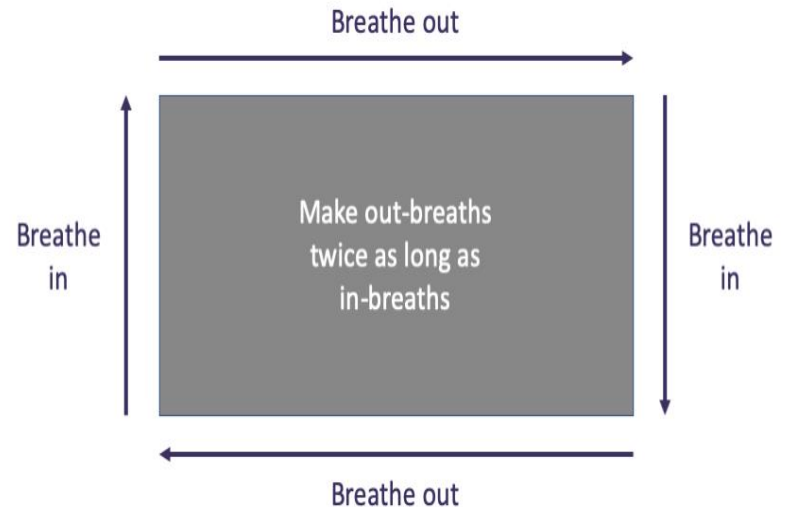


Pursed breathing



Breathe a rectangle

- Find a comfortable position, look around for a rectangle.
 - a window, a door, picture, or even a book or television screen.
- Follow the sides of the rectangle with your eyes as you breathe, breathing in on the short sides and out on the long sides.
- Gradually slow the speed that your eyes move round the rectangle, pausing at the corners to help slow your breathing



Breathlessness

Clinical guidelines for symptom control in patients with Covid-19 (2 pages)

In **acute phase** of Covid-19, it is important patients have their symptoms controlled **alongside** active medical treatment.
NB Opioid and benzodiazepine use in palliation should not be withheld because of fear of causing respiratory depression.
For all Covid-19 patients, please ensure the following symptoms are considered and **prn**/regular medication prescribed:

SD =syringe driver **sc** =subcutaneous **MR** =modified release **IR** =immediate release **SL**=Sublingual **TDD**= total daily dose

Symptom	Clinical indication	Recommendation
Breathlessness (at rest or minimal exertion)	Opioid naïve (no previous opioids) and able to swallow	1st line Morphine sulphate MR (modified release) oral 5 mg 12 hourly and increase as necessary to 15mg 12 hourly (Max 30mg/24 hours) NB If eGFR <30 mL/min oral oxycodone MR 5mg 12 hourly
		Alternative Morphine sulphate IR (immediate release)oral 2 to 5mg 2 to 4 hourly prn NB If eGFR <30 mL/min Oxycodone IR oral 1 to 2 mg 2 to 4 hourly prn
	Patients on regular opioids for pain relief	Morphine sulphate IR oral 2 to 5mg 2 to 4 hourly prn or one twelfth of the 24 hour dose for pain, whichever is greater. NB If eGFR <30 mL/min Oral oxycodone IR 1 to 2 mg 2 to 4 hourly prn
	Patients who are unable to swallow use subcutaneous(sc) medications	Morphine sulphate 2mg sc 2 to 4 hourly prn If > 2 doses required per day, consider a syringe driver (SD) Starting dose morphine sulphate 10mg/24hour NB If eGFR <30 mL/min Oxycodone 1 to 2 mg sc 2 to 4 hourly prn If > 2 doses use a SD Oxycodone 5mg/24 hour <i>If already on regular opioids (oral or transdermal) refer to conversion charts on 'Anticipatory Drugs and Syringe Driver Chart' and note the advice above: 'Patients who are on regular opioids for pain relief'</i>

Cough

Cough	Opioid naïve	1 st line Simple linctus 5mL qds 2 nd line Opioids dosing as for breathlessness see above
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Cough	<ul style="list-style-type: none"> • Suck on menthol sweets (e.g. Fisherman's friend) • Humidify room air 	<ul style="list-style-type: none"> • Oral fluids • Elevate the head when sleeping
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Cough hygiene

- To minimise the risk of cross-transmission:
- Cover the nose and mouth with a tissue when sneezing, coughing, wiping & blowing the nose
- Dispose of used tissues promptly into clinical waste bin used for infectious or contaminated waste
- Wash hands with soap and water, alcohol hand rub or hand wipes after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions



Help manage cough

- Take plenty of sips of fluids
 - fizzy fluids if possible
- Honey & lemon in warm water
- Suck cough drops / boiled sweets
 - where safe to do so
- Elevate the head when sleeping
- Avoid smoking



Fever

- Reduce room temperature
- Wear loose clothing
- Cooling the face with a flannel
- Fluids



wiseGEEK



Fever	<ul style="list-style-type: none">• Reduce room temperature• Wear loose clothing• Cooling the face by using a cool flannel or cloth	<ul style="list-style-type: none">• Oral fluids• Avoid portable fans as infection control risk
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Anxiety

Anxiety	Patients who can swallow	Lorazepam 500micrograms to 1mg SL 2 to 4 hourly prn Max 4mg/24 hours
	Patients unable to swallow	Midazolam 2 to 5mg sc 2 to 4 hourly prn If > 2 doses required daily, consider a syringe driver Starting dose SD Midazolam 10mg/24hour Max 30mg/24hours NB If eGFR <30mL/min reduce starting dose SD Midazolam 5mg/24hr

Anxiety

Anxiety

- Facilitate expression of emotions
- Explore fears and concerns
- Address spiritual or religious needs
- Distraction – e.g. playing music or radio
- Offer reassurance

Delirium and Agitation

Delirium	<p>Check for reversible causes</p> <ul style="list-style-type: none"> • Infection • Electrolyte disturbance • Dehydration • Hypoxia • Hyper/hypoglycaemia • Urinary retention • Constipation • Pain • Medication related • Medication or alcohol withdrawal <ul style="list-style-type: none"> • Reorient (explain where they are, who you are etc) and reassure • Ensure lighting levels mimic the time of day • Ensure the patient has access to glasses and hearing aid if applicable • If family members can be present involve them in reassuring patient • Ensure continuity of care by staff known to patient where possible • Avoid moving people within and between wards or rooms unless absolutely necessary
Agitation/ Terminal restlessness	<p>Check for reversible causes:</p> <ul style="list-style-type: none"> • Urinary retention • Constipation • Pain – remember to check both syringe driver functioning correctly and skin site • Repositioning • Reassurance • Calm surrounding environment

Reversible causes

Check for reversible causes

- Infection
- Electrolyte disturbance
- Dehydration
- Hypoxia
- Hyper/hypoglycaemia
- Urinary retention
- Constipation
- Pain
- Medication related
- Medication or alcohol withdrawal

Manage delirium

- Reorient (explain where they are, who you are etc) and reassure
- Ensure lighting levels mimic the time of day
- Ensure the patient has access to glasses and hearing aid if applicable
- If family members can be present involve them in reassuring patient
- Ensure continuity of care by staff known to patient where possible
- Avoid moving people within and between wards or rooms unless absolutely necessary

Potentially reversible

Potentially reversible	<p><i>Pharmacological measures only indicated in severe delirium with distressing hallucinations or severe agitation.</i></p> <p>Haloperidol 500micrograms to 1mg oral /sc stat. Observe for 30 to 60 minutes Repeat if necessary and thereafter 8 hourly prn. Max 5mg/24 hours</p> <p>2nd Line (1st line in Parkinson's Disease)</p> <p>Lorazepam 500microgram to 1mg SL 2 to 4 hourly Max 4mg/24 hour</p> <p>Be aware that benzodiazepines may increase levels of confusion</p>
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Delirium

Delirium	Potentially reversible	<p><i>Pharmacological measures only indicated in severe delirium with distressing hallucinations or severe agitation.</i></p> <p>Haloperidol 500micrograms to 1mg oral /sc stat. Observe for 30 to 60 minutes Repeat if necessary and thereafter 8 hourly prn. Max 5mg/24 hours</p>
		<p>2nd Line (1st line in Parkinson's Disease)</p> <p>Lorazepam 500microgram to 1mg SL 2 to 4 hourly Max 4mg/24 hour</p> <p>Be aware that benzodiazepines may increase levels of confusion</p>
	Irreversible terminal delirium/agitation not expected to recover. Patient is dying	<p>1st line Midazolam 2 to 5 mg sc 2 to 4 hourly prn</p> <p>If > 2 doses required daily, consider a SD</p> <p>Starting dose SD Midazolam 10mg/24hour Max 60mg/24hours</p> <p>NB If eGFR <30 mL/min</p> <p>SD Midazolam to 5mg/24 hour Max 30mg/24hours</p>
	Seek advice from palliative care if using 2 nd line as doses may need to be escalated rapidly	<p>2nd line Levomepromazine or Haloperidol and continue midazolam SD</p> <p>Levomepromazine 12.5mg to 25mg sc 4 hourly prn SD 25mg/24hour</p> <p>Max 100mg/24hr</p> <p>NB If eGFR <30 mL/min or elderly use lower starting doses</p> <p>Levomepromazine 6.25mg to 12.5mg sc 4 hourly prn SD 12.5mg/24hr</p> <p>OR</p> <p>Haloperidol 500micrograms to 1mg sc 2 to 4 hourly prn</p> <p>SD 3 mg over 24 hour Max 5mg/24 hour</p>

Irreversible delirium/ Agitation

Agitation/ Terminal restlessness	Check for reversible causes: <ul style="list-style-type: none">• Urinary retention• Constipation• Pain – remember to check both syringe driver functioning correctly and skin site• Repositioning• Reassurance• Calm surrounding environment
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Irreversible delirium/ Agitation

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Other symptoms

- Respiratory secretions
- Nausea and vomiting

Thank you for listening

- Any questions