Form Title: COVID-19 End-of-Life Supportive Care Medications Adult ED/UCC Order Set

Form Number: 21638

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COVID-19 End-of-Life Supportive Care Medications Adult ED/UCC Order Set

Select orders by placing a (√) in the associated box

Orders are general recommendations for ED care of palliative patients. If unable to achieve effective/safe symptoms control, clinicians are encouraged to seek Palliative Care (PEOLC) consultation.


Additional Resources:
- Palliative Sedation Quick Tips - [http://ahsweb.ca/HEE/Palliative_Sedation_Quick_Tips](http://ahsweb.ca/HEE/Palliative_Sedation_Quick_Tips)
- Palliative Sedation Nursing Considerations - [http://ahsweb.ca/HEE/Palliative_Sedation_Nursing_Considerations](http://ahsweb.ca/HEE/Palliative_Sedation_Nursing_Considerations)

**Goals of Care**

**BEFORE enacting these recommendations PLEASE confirm the patient’s Goals of Care designation order and documentation of same. These recommendations are consistent with M1, M2, C1 or C2 (where death is anticipated), and symptom support is needed, alongside any medical management that might be continuing (No CPR/No ventilation/No ICU transfer will be used).**

**Medications**

**For Dyspnea and/or Pain**

Opioids relieve dyspnea and can be helpful for cough. Codeine is not recommended.

**a) For opioid-naïve patients (not already taking opioids)**

*Begin at low end of range for frail elderly. Avoid morphine in renal failure.*

- morphine _____ mg *(recommend 2.5 or 5 mg)* PO every 1 hours PRN; to a maximum of 4 doses within a 24 hour period. If patient requires more than 4 doses within a 24 hour period, notify MRHP for possible alternate medication order. **OR**
- morphine _____ mg *(recommend 1.25 or 2.5 mg)* subcut/IV every 1 hours PRN; to a maximum of 4 doses within a 24 hour period. If patient requires more than 4 doses within a 24 hour period, notify MRHP for possible alternate medication order.

**OR**

- hydromorphone _____ mg *(recommend 0.5 or 1 mg)* PO every 1 hours PRN; to a maximum of 4 doses within a 24 hour period. If patient requires more than 4 doses within a 24 hour period, notify MRHP for possible alternate medication order.

- hydromorphone _____ mg *(recommend 0.25 or 0.5 mg)* subcut/IV every 1 hours PRN; to a maximum of 4 doses within a 24 hour period. If patient requires more than 4 doses within a 24 hour period, notify MRHP for possible alternate medication order.

**b) For opioid tolerant patients (already taking opioids)**

*Continue with previous home medication with consideration to increasing by 25% OR calculate a new dose: total dose of opioid given in previous 24 hours = all regular doses + all breakthrough doses divided into equal every 4h or every 6h doses.*

- Breakthrough dose = 10% of total daily

- ______________________ PO every 1 hour PRN

**c) For Severe Dyspnea**

*May add in addition to opioid orders above. While palliative sedation may be considered for refractory dyspnea, Palliative Care consultation is highly recommended.*

- midazolam _____ mg *(recommend 2 to 5 mg)* subcut/IV every 30 minutes PRN; to a maximum of 2 doses within a 24 hour period. If patient requires more than 2 doses within a 24 hour period, notify MRHP for possible alternate medication order.

**Prescriber Signature**

**Date (dd-Mon-yyyy)**

**Time (hh:mm)**
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**Medications continued**

### For Nausea and Vomiting - initiate when using opioid

Metoclopramide: Suggest 5 mg for mild/moderate nausea; 24 hour maximum of 80 mg in total, if CrCl less than 40 mL/min; 10 mg for moderate/severe nausea, and CrCl over 40 mL/min.

- metoclopramide ______ mg PO/subcut/IV every 2 hours PRN
  
  **OR if metoclopramide ineffective or contra-indicated:**

- haloperidol ______ (recommend 0.5 or 1 mg) PO/subcut/IV every 2 hours PRN

  **OR as third line treatment, consider ondansetron. Adjust for renal function. Ondansetron is constipating.**

- ondansetron ______ (recommend 4 or 8 mg) PO/subcut/IV every 4 hours PRN

### For Agitation / Confusion / Delirium Control

Consider Palliative Care consultation if the orders below are not effective.

- haloperidol ______ mg (recommend 0.5 to 2.5 mg) PO/subcut/IV every 8 hours x 3 doses  **AND**

- haloperidol ______ mg (recommend 0.5 to 2.5 mg) PO/subcut/IV every 1 hour PRN

  **OR If haloperidol not effective after 3 doses:**

- methotrimeprazine 12.5 mg subcut every 8 hours  **AND**

- methotrimeprazine 12.5 mg every 1 hour subcut PRN (more sedating)

### For Respiratory Secretions / Congestion Near End-Of-Life

Advise family & bedside staff: these symptoms are not usually uncomfortable, just noisy due to patient weakness and inability to clear secretions.

- glycopyrrolate 0.4 mg subcut every 4 hours PRN

OR

- scopolamine 0.4 mg subcut every 4 hours PRN

OR

- scopolamine patch 1.5 mg once; apply behind post auricular area for a maximum of 72 hours

If pulmonary edema, consider:

- furosemide ______ mg (recommend 20 to 80 mg) subcut/IV every 2 hours PRN and monitor response

### Other - For Additional Comfort

- acetaminophen tablet ______ mg PO/PR for fever causing discomfort

- macrogol-propylene glycol 15-20 % nasal gel (Secaris) QID and PRN for dry nose

- hydroxypropylmethylcellulose 0.5% 2 drops per eye QID and PRN for dry eyes

- artificial saliva gel QID and PRN for dry mouth

### Consults / Referrals

Where Service available, consider:

- Consult to Palliative Care

- Consult to Spiritual Care

### Other Orders

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### Prescriber Signature

Date (dd-Mon-yyyy) Time (hh:mm)