

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

Form Number **21638**

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Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

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.

Based on: http://ahsweb.ca/HEE/Symptom_Management_for_Adult_Patients_with_COVID-19_Receiving_End-of-Life_Supportive_Care_Outside_of_ICU

Additional Resources:

- Palliative Sedation Quick Tips - http://ahsweb.ca/HEE/Palliative_Sedation_Quick_Tips
- 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. **OR**

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 Adult ED/UCC Order Set**

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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.

Suggest avoidance of deep suctioning if possible. Encourage positioning to assist with clearing 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

Prescriber Signature

Date *(dd-Mon-yyyy)*

Time *(hh:mm)*