**Covid-19 Symptom Management Plan for Adults aged 18 years or older** (seek specialist advice if <18 years of age)

**Contact Palliative Care for advice if patient is** taking a regular opioid and/or adjuvant analgesia; has significant multi-morbidity e.g. renal or liver impairment; symptoms not controlled after more than 2 doses; requires a syringe driver

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| **Patient Details:** | **I authorise the following medication for this patient to be used as part of their Covid-19 symptom management; administer according to their symptoms.** |
| NHS Number:  |
| Surname: | Prescriber Name: |
| Forename: | Date: |
| Date of Birth: | Review Date: |
| **Indication** | **Drug** | **Dosage** | **Frequency** | **Max per 24 hours** | **Supply Route** | **Date/Prescribers Signature** |
| Fever | Paracetamol | 0.5 – 1g | 4-6 hourly as needed | max 4g per 24 hours (4 doses) | Homely remedy |  |
| Prescription |
| Cough | Codeine linctus | 15mg (5ml)  | 4 hourly as needed | max 60mg per 24 hrs (4 doses) | Homely remedy |  |
| Prescription |
| 30mg (10ml) – 60mg (20ml) | max 240mg per 24 hrs (4 doses) | Prescription |
|  | Codeine tablets | 15-60mg | 4 hourly as needed | max 240mg per 24 hrs (4 doses) | Prescription |  |
| Cough & **opioid naïve** | Oral morphine solution | 2.5-5mg(1.25-2.5ml) | ​4 hourly as needed | increase up to 5-10mg up to 4 hourly as needed | Prescription |  |
| Cough & **already taking opioid** | Seek specialist advice | Seek specialist advice | Seek specialist advice | Seek specialist advice | Prescription |  |
| Laxative | Senna | 7.5-30mg | At night as needed  | max 30mg per 24 hours in divided doses | Prescription |  |
| ​Anxiety / agitation | Lorazepam(orally/sublingually) | ​250 microgram-1mg | ​2-4 hourly as needed | ​max 4mg per 24 hrs(2mg in elderly/debilitated) | Prescription |  |
| Anxiety / agitation | Midazolaminjection | 2.5-5mg SCIf needed via CSCI, 5-30mg over 24 hours | 2-4 hourly as needed | SC max 10mg per 4 hourstotal combined CSCI/SC max 30mg per 24 hours | Prescription |  |
| Delirium | Haloperidoltablets | ​500 micrograms-1mg | at night and 2 hourly as needed | max 10mg per 24 hours(5mg daily in elderly) | Prescription |  |
| Delirium | Haloperidolinjection | 500 micrograms -1mg SCIf needed, via CSCI, 2.5-10mg over 24 hours | 2 hourlyas needed | max 10mg in 24 hours(5mg in the elderly) | Prescription |  |
| Delirium | Levomepromazine injection | 6.25-25mg SCIf needed, via CSCI 12.5-200mg over 24 hours | up to hourlyas needed | doses greater than 25mg over 24 hours should be given under specialist supervision | Prescription |  |

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| NHS Number:  | Surname: | Forename: | Date of Birth: | Date sheet issued: |
| **Indication** | **Drug** | **Dosage** | **Frequency** | **Max per 24 hours** | **Supply Route** | **Date/Prescribers Signature** |

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| Breathlessness at end of life **and opioid naïve** | MorphineM/R tablets | 5mgIf needed, titrate up to a max of 15mg | 12 hourly | max 30mg per 24 hours | Prescription |  |
| Breathlessness at end of life **and opioid naïve** | Oral morphine solution | 2.5-5mg (1.25-2.5ml) | 2-4 hourlyas needed | max 30mg per 24 hours | Prescription |  |
| Breathlessness at end of life **and already taking opioid** | Seek specialist advice | Seek specialist advice | Seek specialist advice | Seek specialist advice | Prescription |  |
| Breathlessness at end of life | Morphineinjection | 1-2mg SCIf needed, via CSCI 10mg over 24 hours | 2-4 hourlyas needed | SC max 15mg per 24 hoursCSCI titrate against symptoms to a max of 15mg per 24 hours | Prescription |  |
| Pneumonia | Doxycycline | 200mg on the 1st day then 100mg daily | Once dailyfor 5 days | N/A | Prescription |  |
| Pneumonia | Amoxicillin | 500mg | Three times dailyfor 5 days | N/A | Prescription |  |
| Respiratory tract secretions | Hyoscine Hydrobromide (orally/sublingually) | 300 micrograms | 6 hourly as needed | N/A | Prescription |  |
| Respiratory tract secretions | Hyoscine Hydrobromide patch | 1.5mg | 72 hourly | N/A | Prescription |  |
| Respiratory tract secretions | Hyoscine Hydrobromide injection | 400 micrograms SCIf needed, via CSCI 1200-2400microgams over 24 hours | 4 hourlyas needed | total combined CSCI/SC max 2400 micrograms per 24 hours | Prescription |  |
| Respiratory tract secretions | Glycopyrronium injection  | 200 micrograms SCIf needed, via CSCI 600-1200 micrograms over 24 hours | 4 hourlyas needed | total combined CSCI/SC max 1200 micrograms per 24 hours | Prescription |  |
| Respiratory tract secretions | Hyoscine Butylbromide injection | 20mg SC If needed, via CSCI 60-120mg over 24 hours | 4 hourlyas needed | total combined CSCI/SC max 120mg per 24 hours | Prescription |  |

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| NHS Number: NHS Number  | Surname: Surname  | Forename: Given Name | Date of Birth: Date of Birth | Date sheet issued: Short date letter merged |

**Allergies**

**For Palliative Care Advice**

**Southport and Formby (Queenscourt)**

Palliative Care Nurse Specialists 01704 517422 (9-5 7/7 Ex Dir HP No.)

Medical Advice 01704 517922 (24 hr 7/7 Ex Dir HP No.)

**North Liverpool, South Sefton (AUH/Woodlands):**

For advice between the hours of 0830-1730 contact the Community Specialist Palliative Care Teams:

**Liverpool:** 0151 295 3676

**South Sefton:** 0151 475 4015

For advice from a Palliative Care Doctor 24/7: Call Aintree Hospital switch on **0151 525 5980** or Woodlands Hospice on **0151 529 8674**

**South Liverpool (RoyalLiverpool and Broadgreen Hospitals/Marie Curie):**

For advice between the hours of 0830-1700 contact the Community Specialist Palliative Care Team: 0151 295 3676

For advice from a Palliative Care Doctor 24/7:0845 223 290

**Key:** SC = subcutaneously; CSCI = continuous subcutaneous infusion; M/R = modified-release; I/R = immediate-release;