PLEASE CIRCULATE AS YOU SEE FIT

In order for us to all be as joined up as possible I thought it could be useful for us to agree a pragmatic approach to symptom control at the end of life as we are already struggling with running out of syringe drivers for non ventilated patients and will have depleted palliative care teams as staff are diverted into ITU.

I apologise this has not been widespread discussion but we simply do not have time.

The guidance we (UHS, HHFT, IOW, Poole, Bournemouth acute hospitals) have agreed is not perfect but one based on our collective experience and pragmatism, bearing in mind that there will be very limited nursing resource and regular prn doses are not realistic. We hope this a helpful middle ground which will provide symptom control for the majority. Of course buscopan may need to be substituted for glyco locally, levo has been chosen for it's long half life. Please feel free to adapt locally and in a couple of weeks we will reconvene and adapt in line with our collective experience and any documentation emerging more widely.

The commonest anticipated symptoms in patients dying from Covid19 are:

- agitated delirium, treated with levomepromazine 12.5-25mg SC stat and PRN and 25mg/24hrs CSCI (or 25mg SC once daily if no syringe driver is available; it has a long duration of action)

- breathlessness, treated with morphine sulphate 5mg SC stat and PRN and 10mg/24hrs CSCI (or fentanyl 12 size patch if no syringe driver is available)

- respiratory secretions, treated with hyoscine butylbromide 20mg SC stat and PRN and 60-120mg/24hrs CSCI (or hyoscine butylbromide 40mg SC BD if no syringe driver is available)

In summary: stat 25mg levomepromazine, 5mg morphine and 20mg buscopan

syringe driver if available 25mg levomepromazine, 10mg morphine and 120mg buscopan

if no driver available, insert subcut stat line repeat above stats (all drugs) as regular bd dosing via line If still struggling ring palliative care team

We have always had great strength in Wessex in sharing clinical experience, knowledge and problems - now is the ideal time we draw on our mutual support network to help each other. If you develop resources and other guidance please could you share. Each others' support and shared experience can only be helpful.

Thank you very much and warm wishes,

Anna

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