NSMHPCN Pocket Guide

COVID-19 EOL DYSPNEA

DOSING CONSIDERATIONS:

Doses are higher dt rapid escalation of COVID.

- ***Opioid naïve***

Morphine

Start with 2.5 - 5mg PO or 1-2.5mg subcut/IV q4hrs

PLUS 2.5-5mg PO or 1-2mg subcut/IV q1hr PRN for dyspnea

Hydromorphone

Start with 0.5- 1mg PO or 0.5mg subcut/IV q4hrs PLUS 0.5-1mg PO or 0.5mg subcut/IV q1hr PRN for dyspnea

***Already taking Opioids**

Increase previous opioid by 25%

calculation for BT dose 10% 24 hr total. Give q1h prn if PO, q 30min if Sq

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Avoid morphine for moderate/severe renal impairment.
Consider reduced dose (consider by half) in the frail/elderly and those with severe heart lung or neurological diseases.
May consider dosing Q6H instead of Q4H.
MD to review is using 4 or more PRN's.

TITRATE

Increase regularly scheduled dose by 50%, monitor.
Rate is titration depends on how patient tolerating (eg somnolence)
Increase prn by 50% per dose if tolerating opioid well.
Titration can be done after being 18 to 24 hrs ont he same total daily dose.

NAUSEA

Metoclopramide 5-10mg SC/IV/OR mini-bag OR slow infusion QID PRN for opioid induced nausea

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ANXIETY/AGITATION

Associated Anxiety

If opioids not effective or dyspnea crisis:

Methotrimeprazine 6.25mg or 12.5mg

OR

Midazolam 1mg to 2mg SC/IV q1hr PRN

MD to review if 4 or more PRN's in 24 hrs

If symptoms Refractory - consider PALLIATIVE SEDATION (lowest dose of medication to reduce LOC & relieve symptoms), monitor with RASS.

1 ST LINE

Option 1: Methotrimeprazine (Nozinan™)

STAT-25mg subcut (12.5mg in frail, elderly patients).
ATC- 12.5-25mg subcut q4hrs or q6hrs
PRN midazolam 2.5mg or 5mg subcut or IV q30 min
if >4 /24 re-evaluate

Option 2: Midazolam subcut intermittent injections*

STAT-2.5mg or 5mg subcut or IV STAT.
ATC - 2.5mg or 5mg subcut or IV q4hrs.
PRN order of midazolam 1 – 5mg subcut or IV q30 - q 60 min

Option 3: Midazolam by continuous infusion (C.I.)

STAT - 2.5mg or 5mg subcut or IV stat.

START C.I. at 0.5mg - 1mg/hour subcut or IV by infusion pump. – Titrate up (or down) q 30 - 60 minutes if needed until the required LOC.

The usual dose required is between 1-5mg/hr. Higher doses may be required in select cases. - If titration required to achieve desired goal (comfort), increase in increments of 0.5mg or 1mg/hr.

If crises occur, may give a bolus doses of midazolam 2.5mg or 5mg subcut or IV q 30 minutes PRN. • If doses of greater than 8-10 mg/hr are required, reassess and consider adding methotrimeprazine

2ND LINE

I If options 1, 2, 3 are ineffective

- Add phenobarbital to methotrimeprazine or midazolam.

STAT -60mg, 90mg or 120mg subcut or IV
(depending on the severity of the situation)
-60mg subcut BID.

Long-half life though does not allow for rapid titration (only increase dose every day or 2, not sooner)

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RICHMOND AGITATION AND SEDATION - RASS

Scale	Label	Description
+4	Combative	Violent, immediate danger to staff
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive
+2	Agitated	Frequent non-purposeful movement, fights ventilator
+1	Restless	Anxious but movements not aggressive, vigorous
0	Alert and calm	Spontaneously pays attention to care giver
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye contact) to voice (>10 seconds)
-2	Light sedation	Briefly awakens with eye contact to voice (<10 seconds)
-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation
-5	Unarousable	No response to voice or physical stimulation

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RICHMOND AGITATION AND SEDATION - RASS

Step	Procedure	Score
1	Observe Patient - Patient is alert, restless or agitated	0 to +4
2	If not alert, state patient's name and say to open eyes and look at speaker.	
	- Petient awakens with sustained eye opening and eye contact.	-1
	- Patient awakens with eye opening and eye contact but not sustained.	-2
	- Patient has any movement in response to voice but no eye contact	-3
3	If patient does not respond to voice, physically stimulate patient by shaking shoulder and/or rubbing sternum*:	
	- Patient has any movement to physical stimulation.	-4
	- Patient has no response to any stimulation.	-5

*Rubbing the sternum is not appropriate for palliative care patient assessment and is not recommended.

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SELF-CARE

Practicing self-care is important to ease the physical affects of being under added stress of the COVID-19 pandemic. A few ways to observe self-care are:

- Following a routine - Putting a new routine in place is an important part of ensuring one is able to adjust well to having the old routine changed. This includes waking up at a normal time, getting dressed, brushing teeth/hair, etc.
- Proper Nutrition - Continuing to follow a balanced diet will help ensure that the body is receiving the nutrients that it needs in order to maintain a healthy immune system.
- Sleep - Following a sleep routine, in conjunction with proper nutrition, is important to ensure one is able to continue to be as comfortable as possible.

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- Physical Activity - Many may find that the options for physical activity have become minimal. There are options that individuals can do in the comfort of their own home/neighbourhood.
  - Yoga - there are videos available on YouTube for all levels of yoga. Apps such as Down Dog are available for download on all operating systems.
  - Walking trails - the majority of walking trails remain open for use as long as physical distancing is being observed.
  - Stairs - for those who are unable to leave their homes there is the option of doing reps of going up and down the stairs.

Self-Care Resources:

- Down Dog App
- Calm Meditation App
- Bounce Back Ontario
- Regional Bereavement Support Line (705) 325-7871
- Kids Help Phone 1-800-668-6868
- Indigenous Hope for Wellness: 1-855-242-3310