

BNSSG Clinical Cabinet

Community Anticipatory Prescribing Guidance for use during the COVID-19 Pandemic

Non complex patients

This guidance is for patients in their last weeks or days who may be dying of COVID-19 or other causes. It should be followed for non complex patients i.e. opioid naïve who do not have severe symptoms and who are not already on a range of medicines for symptom control.

Choose one of the following options:

A: Non injection pack (page 1): If a carer can administer medications: (adjust morphine dose if eGFR <30 or if very frail)

B: Injection pack (page 2): If no carer to administer medications (adjust opioid according to eGFR)

Process: Either Prescribe on FP10, send to local or designated pharmacy and authorise on Community Palliative Care Drug Chart or use process for Just in Case Packs (in development)

For complex patients i.e. those on regular opioids or with complex symptoms [click here:](#)

A: NON INJECTION PACK contains 8 - 14 doses of each PRN medication More doses may be needed if complex symptoms requiring frequent PRNs – seek advice *				Always check for allergy/ intolerance to medications and seek advice if needed*
Line	Drug and preparation	Dose and frequency	Route	Comments
SYMPTOM – FEVER /MILD PAIN				
1 st	Paracetamol 500mg suppositories <i>Supply: 20x500mg</i>	Insert TWO suppositories rectally up to every 4 hours when required for pain or fever. Do not use more than 4g (8 suppositories) per 24hr	PR	Paracetamol may help to reduce agitation when fever is present.
SYMPTOM – PAIN/SHORTNESS OF BREATH/COUGH				
1 st	Morphine oral solution 10mg/5ml (Oramorph) <i>Supply: 100ml</i>	5mg-10mg up to once every hour. Squirt 2.5ml into one cheek and allow to absorb without swallowing up to once every hour when required for pain, breathlessness or cough. This can be increased to 2.5ml into both cheeks if needed	Buccal or oral if able	Maximum volume for each cheek is 2.5mls. For eGFR <30 or if very frail. Prescribe 2mg – 4mg (1mls – 2mls) up to once every hour.
SYMPTOM – NAUSEA AND VOMITING prescribe one antiemetic depending on availability				
1 st	Prochlorperazine maleate 3mg buccal tablets <i>Supply: 8 tablets depending on product availability</i>	3-6mg (one to two tablets) twice daily for nausea or vomiting. Max 12 mg/day (4 tablets/day). To be placed in the buccal cavity, high up along the top gum under the upper lip, until dissolved. Do not chew or swallow the tablet.	Buccal	Buccastem M Buccal tablet brand (OTC or POM pack depending on product availability)
2 nd	Ondansetron tablets orodispersible 4mg <i>Supply: 10x4mg tablets</i>	Place ONE tablet on your tongue, and allow to dissolve, up to every 8 hours when required to relieve nausea	Melts on tongue	Use if supply issue with prochlorperazine buccal tablets.
SYMPTOM – AGITATION IN LAST DAYS OF LIFE				
1 st	Lorazepam tablets 1mg NB: Genus brand <i>Supply: 14 tablets</i>	Place HALF to ONE tablet under your tongue and allow to dissolve, up to every 6 hours when required for anxiety or agitation. Do not swallow for 2 minutes after this.	SL	Sublingual – moisten mouth if dry
SYMPTOM – RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE				
1 st	Hyoscine hydrobromide 300 microgram Tablets <i>Supply: 12 tablets</i>	150-300 micrograms as required. Suck or chew HALF to ONE tablet up to every 8 hours when required for secretions. Can also be placed under the tongue	SL	Kwells (brand) tablets can be used SL
*Advice is available 24 hours a day from your local hospice: St Peter's Hospice 01179159430. Weston Hospice: 01934423900 SL: sublingual. PR: rectal PRN: As required.				

B. INJECTION PACK supply 5 doses of each injection			Always check for allergy/ intolerance to medications and seek advice if needed*	
More doses may be needed if complex symptoms requiring frequent PRNs – seek advice *				
SYMPTOM – FEVER				
1 st	Paracetamol 500mg Suppositories Supply: 20x500mg (10 doses)	Insert TWO suppositories rectally up to every 4 hours when required for pain relief. Do not use more than 4g (8 suppositories) per 24hr	PR	Paracetamol may help to reduce agitation when fever is present.
SYMPTOM – PAIN/SHORTNESS OF BREATH/COUGH				
1 st	Morphine injection 10mg/1ml	Dose 2.5mg-5mg PRN up to hourly	SC	See usual guidance if on regular opioids
eGFR <30	Oxycodone injection 10mg/1ml	Dose 1mg-2.5mg PRN up to one hourly	SC	See usual guidance if on regular opioids
SYMPTOM – NAUSEA AND VOMITING				
1 st	Ondansetron 4mg/2ml injection	4mg up to 8 hourly PRN	SC	Alternatives are available. See guidance or seek advice if symptom not controlled.
SYMPTOM – AGITATION IN LAST DAYS OF LIFE				
1 st	Midazolam injection 10mg/2ml	2.5mg-5mg 1 hourly PRN	SC	Alternatives are available. See guidance or seek advice if symptom not controlled.
SYMPTOM – RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE				
1 st	Hyoscine butylbromide 20mg/1ml	20mg up to 2 hourly PRN	SC	
* Advice is available 24 hours a day from your local hospice: St Peter's Hospice 01179159430. Weston Hospice: 01934423900				
SC: subcutaneous PR: rectal PRN as required				
For advice on syringe pumps see usual guidance				

BNSSG Palliative Care Consultants trust and CCG pharmacists – for BNSSG clinical cabinet V5 community 9.4.20.