

## BNSSG Clinical Cabinet

### Community Anticipatory Prescribing Guidance for complex patients during the COVID-19 pandemic

#### 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 **complex patients** e.g. those who are on regular opioids, have severe symptoms or may be on a range of medicines for symptom control. **Choose one option:**

**C: Usual injectable guidance:** for most complex but include paracetamol suppositories for fever if COVID [here](#)

**D: Tailored non injections:** for less complex if a carer can administer or if injections may not be possible

**Prescribe one PRN for each symptom. Consider patches or MR preparation (MST) if PRN drugs have been needed**

D: Tailored non injections Supply 7- 14 doses when prescribing PRN drugs only. More doses may be needed if complex symptoms requiring frequent PRN doses – seek advice*				Always check for allergy/ intolerance to medications and seek advice if needed*
Line	Drug and preparation	Dose and frequency	Route	Comments
<b>SYMPTOM – FEVER/MILD PAIN ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS</b>				
1 <sup>st</sup>	Paracetamol 500mg suppositories	Insert TWO suppositories rectally up to every 4 hours when required. Max 8/24h	PR	Paracetamol may help to reduce agitation when fever is present.
<b>SYMPTOM – PAIN/SHORTNESS OF BREATH/COUGH ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS</b>				
1 <sup>st</sup>	Morphine oral solution 10mg/5ml OR Concentrate Morphine 20mg/ml for higher doses.	<b>Opioid naïve:</b> 5-10mg PRN up to once every hour <b>Patient on opioids</b> 1/6 <sup>th</sup> of total oral daily morphine dose. PRN dose up to once every hour either orally or buccally by squirting into cheek and allowing to absorb.	Buccal or oral if able	<b>Opioid naïve: eGFR&lt;30/very frail: 2mg-4mg (1ml-2ml) as required once every hour.</b> Maximum volume for each cheek is 2.5mls. Dose can be split and delivered into each cheek. If on opioids other than morphine seek advice. <i>Caution when using concentrate potential for error in doses</i>
2 <sup>nd</sup>	Fentanyl sublingual tablets (Abstral®)*	100 micrograms up to once every hour PRN. Can be titrated to effect	SL	If patient already on background opioid of ≥60mg oral morphine. Suitable if eGFR<30
Background	Buprenorphine patches**	Starting dose 5-10microgram/hr every 7 days in opioid naïve patients	TD	Check – frequency of patch change varies with preparation
	Fentanyl patches*	Seek advice*	TD	Caution needed in patients with fever
	Morphine sulphate MST Continus	Convert from total daily oral morphine dose using 1:1 conversion given in 2 divided doses every 12 hours.	PO/PR	Note MST® brand for PR use
<b>SYMPTOM – NAUSEA AND VOMITING ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS</b>				
1 <sup>st</sup>	Prochlorperazine maleate 3mg buccal tablets	3-6mg (one to two tablets) twice daily. PRN/regular. Max 12 mg/day (4 tablets/day).	Buccal	Buccastem M Buccal tablet brand (OTC or POM pack depending on product availability)
2 <sup>nd</sup>	Ondansetron 4mg orodispersible tablets	Place ONE tablet on to tongue, and allow to dissolve, up to every 8 hours PRN/regular to relieve nausea	Melts on tongue	Use if supply issue with prochlorperazine buccal tablets.
3 <sup>rd</sup>	Olanzapine 5mg orodispersible tablet	5 mg at night PRN/regular. Allow to dissolve under the tongue.	SL	Moisten mouth if dry.
<b>SYMPTOM – AGITATION/ANXIETY IN LAST DAYS OF LIFE ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS</b>				
1 <sup>st</sup>	Lorazepam tablets 1mg	HALF to ONE tablet under tongue and allow to dissolve, up to every 6 hours PRN	SL	Genus brand. Moisten mouth if dry. Seek advice if higher doses needed*
2 <sup>nd</sup>	Olanzapine 5mg orodispersible tablet	5 mg at night and every 4 hours PRN	SL	Maximum 20mg/day Supply: 14 tablets
Or	Diazepam suppositories	5-10mg up to 4-6 hourly PRN	PR	Maximum 30mg/day
3 <sup>rd</sup>	Buccal midazolam	5mg up to 1 hourly PRN	Buccal	Buccolam® (2.5mg/0.5mL) or Epistatus® (10mg/mL) brands
<b>SYMPTOM – RATTLY CHEST SECRETIONS IN LAST DAYS OF LIFE ALWAYS INCLUDE INDICATION IN PATIENT INSTRUCTIONS</b>				
1 <sup>st</sup>	Hyoscine hydrobromide 300microgram tablets	150-300micrograms (HALF to ONE tablet) every 8 hours when required	SL	Kwells® brand tablets can be used SL Can also be sucked or chewed
2 <sup>nd</sup>	Hyoscine hydrobromide patch 1mg/72hours	2 patches every 72 hours regularly	TD	Scopaderm® brand. Use 2 patches on hairless skin behind the ear
* Advice is available 24 hours a day from your local hospice: St Peter's Hospice 01179159430. Weston Hospice: 01934423900				
**Opioid conversion tables advice available at <a href="#">Guidelines on the management of pain due to cancer in adults</a>				
SL: sublingual, TD: transdermal, PR: rectal. PRN: as required.				