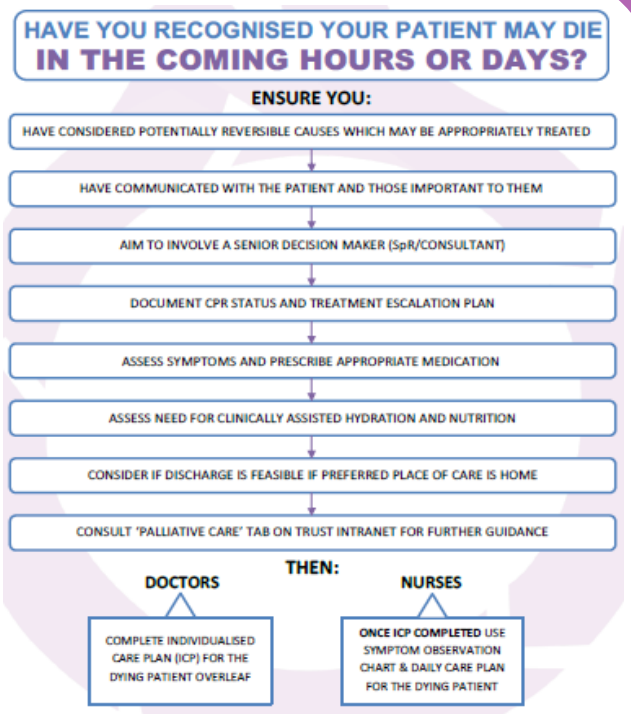
1stWeCare

Guideline for the care of dying patients with COVID-19

Brighton and Sussex University Hospitals NHS Trust



All our resources are available on BSUH Microguide

BSUH Specialist Palliative Care Team can be contacted for advice on Bleep 8420/6105 (9-5pm Monday-Friday).

For advice out of hours contact

RSCH: Martlets Hospice (01273 964164)

PRH: St Peter & St James (01444 471598).

COMMUNICATE with sensitivity and compassion with the patient and those closest to them. **INVOLVE** patient (where possible) and those closest to them in decisions as much as they want. **SUPPORT** & explore holistic needs of patient and those closest to them. Be mindful family may not be able to visit, is there an alternative way for them to talk?

Write, Phone, Text, Face-time

PLAN & DELIVER AN INDIVIDUALISED APPROACH TO CARE:

PHYSICAL:

Assess for Pain, Agitation, Dyspnoea, Respiratory Secretions, and Nausea [Do not suction]

Prescribe Anticipatory/Just in Case Medication

Mouth Care, allow to eat and drink @ risk

PSYCHOLOGICAL:

Address what is most important to the individual in the last phase of their life

SOCIAL:

Identify main contact and ensure contact details are documented

SPIRITUAL:

Assess if religion or spirituality is important to them, contacting chaplaincy if needed via switchboard

EMERGENCY MEDICATION:

USE BSUH SYMPTOM OBSERVATION CHART

- **Pain:** Morphine* 2.5-5mg S/C hourly PRN
- **Dyspnoea:** Morphine* 2.5-5mg S/C 4hourly PRN
- **Agitation:** Midazolam 2.5-5mg S/C hourly PRN
- **Respiratory Secretions:** Glycopyrronium 0.2mg S/C 4hourly PRN
- **Nausea:** Haloperidol 1.5mg S/C 4hourly PRN

***If eGFR <30**

- **Pain & Dyspnoea:** Oxycodone 1.25-2.5mg S/C hourly PRN

Opioid and anxiolytics should not be withheld due to inappropriate concern about respiratory depression.

Once Decision for EOLC has been made, Oxygen should be discontinued

If 1st line drug or syringe pump not available contact palliative care team