Western Cape Government
Health

OFFICE OF HEAD: HEALTH

REF: 16/4

ENQUIRIES: DR K CLOETE

TO

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CIRCULAR H 125 /2020: GUIDANCE FOR HEALTH WORKERS PROVIDING PALLIATIVE AND END-OF-LIFE CARE TO COVID-19 PATIENTS IN AN INPATIENT SETTING.

The Western Cape Department of Health is committed to providing compassionate and appropriate palliative and end-of-life care to those patients needing it during the COVID-19 pandemic.

This PACK COVID-19 inpatient Palliative Care package has been developed by the Knowledge Translation Unit from the various policies developed by the Department, the latest PALPRAC guideline, and has drawn on the input of palliative care specialists and health system leads in the province.

It reflects and complies with the following:

- Providing Palliative Care in South Africa During the COVID-19 Pandemic – PALPRAC (The Association of Palliative Care Practitioners of South Africa), 2020.
- CIRCULAR H79 OF 2020: CLINICAL GUIDELINES: COVID-19 PROVIDING PALLIATIVE CARE

Designed for use by professional health workers – nurses and doctors – working in an inpatient setting, it contains a systematic approach to assessing and managing the COVID-19 patient needing palliative and/or end-of-life care. As PACK usually comprises primary health care guidance it is important to note that this content is different in that it focuses on inpatient care in the context of palliation.

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The various authors of the policy circulars referenced in this document could be approached for further information. Ms Anne-Rita Koen Anne-Rita.Koen@westerncape.gov.za may be approached for support to obtain these circulars.

Yours sincerely

DR KEITH CLOETE

HEAD OF DEPARTMENT

WESTERN CAPE GOVERNMENT HEALTH

DATE: 1 JULY 2020

Western Cape Government
Health

PACK
Practical Approach to Care Kit

COVID-19

Updated 29 June 2020 for use in an inpatient setting in Western Cape, SA.
Note that COVID-19 guidance is evolving.
Check **www.knowledgetranslation.co.za/resources** for latest versions.

Practical Approach to Care Kit: Coronavirus

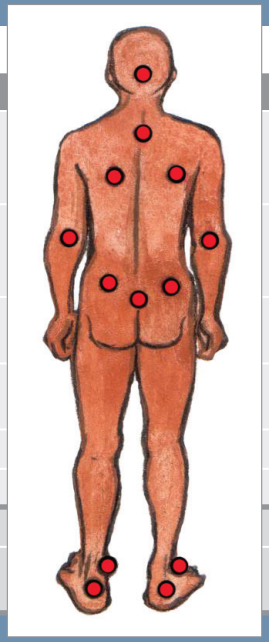
Guidance for health workers in an inpatient setting · Palliative Care
Updated 29 June 2020 · Western Cape Edition

Provide palliative care to the patient admitted with COVID-19

- A doctor must confirm that a COVID-19 patient needs in-patient palliative care. Ensure correct patient and care decision pathway has been followed.
- When assessing and providing palliative care to a COVID-19 patient, ensure you are wearing appropriate PPE: gown, apron, surgical mask, goggles/visor and gloves.

Assess the COVID-19 patient needing palliative care

Assess	Note
Symptoms	• If fever or shortness of breath, manage ⮌ 3. If anxiety/restlessness, nausea/vomiting, constipation, diarrhoea, abdominal cramps or itchiness manage ⮌ 4. • If dry mouth or oral candida ⮌ PACK Adult. • Manage other symptoms as on relevant symptom pages ⮌ PACK Adult.
Pain	• Ask where the pain is and when the pain started. Does pain radiate anywhere? • Ask patient to grade pain on a scale from 0 - 10, with 0 being no pain and 10 being the worst pain: classify pain as **mild** (1-3), **moderate** (4-7) or **severe** (8-10). Manage pain depending on severity ⮌ 4.
Side effects	• Ask about and manage side effects from medication ⮌ 4. • If on morphine, check that patient is on a laxative to prevent constipation.
Chronic care	• Check that the patient understands why s/he is receiving palliative care. • Assess ongoing need for chronic care in discussion with patient and health care team. Consider which medication/s could be discontinued.
Psychological well-being	Ask patient and family how they are feeling. Advise as below and arrange emotional support or counselling as available.
Dying	If patient's condition is deteriorating, consider end-of-life care ⮌ 5.
Oxygen saturation	If oxygen saturation ≤ 90% or shortness of breath, provide oxygen ⮌ 3.
Pressure ulcers	• If patient is bedridden, check common areas daily for damaged skin (change of colour) and pressure ulcers (see picture). • If pressure ulcer, manage ⮌ PACK Adult.



Advise the COVID-19 patient needing palliative care and his/her family

- Start by checking the patient/family understanding of the situation and ask what they have been told before. This can help move the conversation forward.
- Explain the condition and prognosis to the patient and his/her family. Be compassionate, but also honest and direct. Explaining what is happening relieves fear and anxiety.
- Check that family understands why the patient is receiving palliative care. If patient is not eligible for critical care, address any concerns and questions the family may have about this. If needed, refer family to hospital's clinical ethics committee to help resolve any uncertainties around choice of care.
- Ask how the family is coping and what support they need. If needed, refer family to social worker, counsellor, spiritual counsellor as available at your facility.
- Discuss advance-care plans and preferences with family. Document decisions.
- Ensure family understand that they will need to quarantine for 14 days from the last time they had contact with the patient. Provide information on how to do this and give information leaflet.
- Ensure that patient keeps connected with family via phone or other electronic device, and discuss ways to do this.
- Keep the patient's family updated about the patient's status and care.

Care for the COVID-19 patient needing palliative care

- Provide mouth care:
  - Ensure teeth and tongue are brushed regularly using toothpaste or dilute bicarbonate of soda.
  - If patient is able, advise him/her to rinse mouth with ½ teaspoon of salt in 1 cup of water after eating and at night.
- If bedridden:
  - Prevent pressure ulcers: wash and dry skin daily. Ensure linen is clean and dry. Move patient every 1-2 hours if unable to shift own weight. Lift the patient, avoid dragging.
  - Prevent contractures: at least twice a day, gently bend and straighten joints as far as they go. Avoid causing pain. Gently massage muscles.

Treat the COVID-19 patient needing palliative care

- If **fever**:
  - Give paracetamol 1g orally/IV 6 hourly as needed. If unable to swallow, give via IV instead. Avoid subcutaneous paracetamol.
- If **oxygen saturation < 90%**:
  - Give oxygen:
    - Start with nasal cannula at 1-5L/min. Ensure patient wears surgical mask over cannula to reduce droplet spread.
    - If saturation still < 90%, change to simple face mask at 6-10L/min.
    - If saturation still < 90%, change to face mask with reservoir bag (non-rebreather) at 10-15L/min. Ensure mask fits properly to reduce droplet spread.
    - If saturation still < 90%, consider nasal cannula *plus* face mask with reservoir bag (non-rebreather), both at 10-15L/min.
  - Consider placing patient in prone position:
    - Only do this if patient able to communicate, cooperate, turn over unassisted and has no expected airway problems.
    - Avoid if respiratory rate ≥ 35, accessory muscle use, BP < 90/60, arrhythmia, agitation, altered mental status, spine problems or recent chest/abdominal injuries or surgery.
    - Consider changing patient's position every 2 hours: alternate between prone, high supported sitting, left lateral and right lateral positions.
- If **shortness of breath**:
  - Place patient in high supported sitting position by raising head of bed to 60-90^0. If in prone or lateral position, return patient to supine position before raising bed.
  - Give oxygen as above and aim for oxygen saturation ≥ 94%.
  - Ensure other symptoms (like fever and pain) are well controlled.
  - Explain to patient how to do breathing exercises if s/he is able:
    - Advise to relax his/her shoulders, place hand on abdomen, and breathe from abdomen up in to chest, while feeling this with hand. Then lean forward, purse lips and slowly breathe out.
    - Repeat several times until breathing slows.
  - If shortness of breath no better with above, give morphine as below. Choose route and dose depending on whether patient can swallow or not:

Patient able to swallow

- Give morphine hydrochloride (mist morphine) 2.5-5mg orally 4 hourly.
- Note that amount of morphine solution will vary depending on the strength:
  - If 5mg/5mL: give 2.5-5mL
  - If 10mg/1mL: give 0.25-0.5mL
  - If 20mg/5mL: give 0.6-1.25mL
- Also give lorazepam 1-2mg orally or sublingually as needed.

Patient unable to swallow

Syringe driver available

- Give single dose morphine sulphate 1-2mg subcutaneously[1] or IV.
- Give single dose midazolam 2.5-5mg subcutaneously[1].
- Mix in a 20ml or 50ml syringe:
  - Morphine sulphate 15mg *plus* metoclopramide 30mg *plus* midazolam 10-15mg *plus* 0.9% sodium chloride or water for injection to fill syringe.
- Set syringe driver to run over 24 hours via IV line:
  - If 20mL syringe, run at 0.8mL/hour. If 50mL syringe, run at 2mL/hour.

Syringe driver not available

- Give morphine sulphate 1-2mg IV or subcutaneously[1] every hour.
  - If no better, increase next dose by 25%.
  - Once better, continue same dose but reduce frequency to 4 hourly.
- Also give midazolam 2.5-5mg subcutaneously[1] every hour until better.

Continue to treat the COVID-19 patient needing palliative care → 4.

[1]Give subcutaneous bolus dose via an indwelling butterfly/cannula. Flush with 0.9% sodium chloride after each bolus.

Continue to treat the COVID-19 patient needing palliative care

- Manage other symptoms and side effects:

Anxiety/restlessness
- Consider polypharmacy: check medication/s and discontinue all non-essential medication.
- Manage causes of discomfort such as constipation, pain, full bladder, thirst. Ensure patient is in a comfortable position.
- Give lorazepam 1-2mg orally or sublingually 2 hourly as needed until settled. Then give lorazepam 1-2mg orally or sublingually 6-12 hourly as needed.
- If unable to swallow:
  - If syringe driver available: give single dose haloperidol 2-5mg subcutaneously. Then give 5mg over 24 hours via continuous subcutaneous infusion.
  - If no syringe driver available: give midazolam 5mg subcutaneously[1] every hour as needed.

Nausea
- Encourage frequent small sips of fluids like water, tea, juice or ginger drinks.
- Give metoclopramide 10mg orally/ IV/ subcutaneously 8 hourly as needed. If vomiting or unable to swallow, use IV or subcutaneous[1] route.

Constipation
- Give sennosides A and B 13.5mg at night and/or lactulose 10-20mL orally daily.
- If needed, increase sennosides A and B to 27mg at night and/or increase lactulose to 12 hourly.

Diarrhoea
Give loperamide 4mg initially, then 2mg after each loose stool up to 6 hourly.

Abdominal cramps
Give hyoscine butylbromide 10mg 6 hourly as needed for up to 3 days.

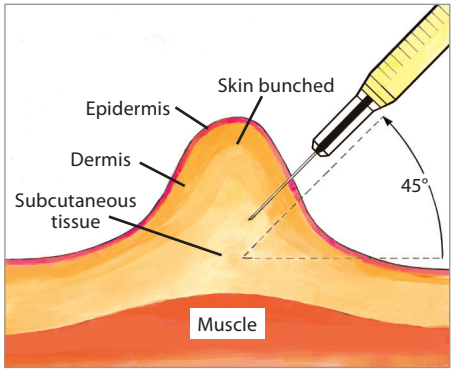
Generalised itchiness
Give chlorphenamine 4mg 6-8 hourly as needed.

- If **pain**:
  - Manage causes of discomfort such as constipation, nausea, full bladder, thirst. Ensure patient is in a comfortable position
  - Start pain medication based on severity of pain: aim to have patient pain free at rest and able to sleep:
  - If **mild** (1-3) pain, start at step 1. If **moderate** (4-7) or **severe** (8-10) pain start at step 2. If unsure, start at lower step and increase pain medication if needed
- If pain controlled, continue same dose. If pain persists or worsens, increase dose to maximum. If still no better, move to next step.

Step	Pain medication	Start dose	Maximum dose	Note
Step 1 Give:	Paracetamol	1g 6 hourly	4g daily	If starting, give paracetamol 1g and reassess pain after 4 hours. If no better or already on paracetamol for fever, add step 2.
Step 2 Add to step 1:	Tramadol	50mg 6 hourly	400mg daily	Also give lactulose 10-20 mL orally once daily as needed for constipation. If needed increase to 12 hourly.
Step 3 Stop tramadol, continue paracetamol and add:	Morphine hydrochloride (mist morphine)	• 5-10mg 4 hourly • If ≥ 65 years: start 2.5-5mg	• No maximum-titrate against pain. • If respiratory rate < 12, skip 1 dose, then halve usual doses.	• Also give lactulose 10-20mL daily to prevent constipation. Avoid if diarrhoea. • If constipation, nausea or generalised itchiness, manage as above.

How to secure subcutaneous access

- Ensure you have all necessary equipment: alcohol swabs, micropore, 23G butterfly needle *or* 24G (yellow) jelco, short infusion set, 3mL syringe and normal saline for flushing line.
- Safely put on appropriate PPE and explain procedure to patient.
- Identify appropriate site for placement of cannula:
  - This could be below clavicle, lower abdominal wall, anterior thigh or outer aspect of upper arm.
  - Ensure site is easily accessible, and away from skin lesions, oedema, large vessels, joints, bones.
- Clean skin with an alcohol swab for 15 seconds and allow skin to air dry.
- Using either a butterfly needle or a 24G (yellow) jelco, remove protective shield from needle.
- Using thumb and index finger, bunch the skin around the insertion site to create a roll of tissue of about 2.5 cm.
- If using butterfly needle: insert the entire needle at 45 degree angle. Then secure needle to skin with micropore.
- If using jelco: insert the entire needle bevel side up, at 45 degree angle. Remove needle and attach a short line to jelco. Then secure cannula to skin with micropore.
- Attach a 3ml syringe and flush the tubing with normal saline.
- Cover the insertion site, the butterfly needle/jelco and start of tubing with transparent dressing.



[1]Give subcutaneous bolus dose via an indwelling butterfly/cannula . Flush with 0.9% sodium chloride after each bolus.

Provide end-of-life care to the dying COVID-19 patient

- The patient may be dying if s/he is deteriorating. They may be less responsive, become cold, sleep a lot, have irregular breathing, and will lose interest in eating. A doctor should confirm this.
- Ensure that the family of the patient understand that the patient is dying. Communicate the decision to provide end-of-life care to the health care team.

Assess the dying COVID-19 patient's needs regularly

Assess	Note
Symptoms	Assess for pain, noisy breathing, fluid overload, anxiety/restlessness, urinary retention and treat as below.
Current care	• Assess current medication and procedures and stop any that are non-essential (like BP measurements, vitamins). • If unable to swallow, switch medication route from oral to subcutaneous route.
Intake	If patient is able to swallow, ensure patient receives sips of water and food as wanted for comfort.
Psychological well-being	• Ensure patient and family understand what is happening. • Ask how family are coping and what support and/or spiritual care is needed.
Mouth	Ensure patient's mouth is moist and clean. Consider using glycerine to keep lips/mouth moist.
Personal hygiene	Check skin care, clean eyes and change clothing according to patient's needs.

Advise the dying COVID-19 patient and his/her family

- Start by checking the patient/family understanding of the situation and ask what they have been told before. This will help move the conversation forward.
- Check the emergency contact details for the family, and ensure that family knows how to contact the hospital ward.
- Ensure patient and family receive full explanation and express understanding of current plan of care. Identify and document any concerns.
- Discuss patient's wishes, feelings, faith, beliefs and values. Discuss patient's needs now, at death and after death. Listen and respond to patient and family's worries/fears.
- If the preference is for patient to die at home, ensure that the family are able to manage the patient and also practise infection control measures at home. Ensure family knows that everyone in the household will need to quarantine for 14 days after last contact with patient and give information leaflet.

Treat the dying COVID-19 patient

- Ensure the patient's symptoms are managed using the appropriate route:
  - If already on morphine continue and increase dose by 25%.
  - If not already on morphine, give morphine ↩ 3.
  - Also provide additional breakthrough dosages as needed: if patient can swallow give extra dose orally every hour. If unable to swallow, give extra dose subcutaneously[1]/IV every 30 minutes.
- If fever, give paracetamol 1g orally/IV 6 hourly as needed. If unable to swallow, give via IV instead. Avoid subcutaneous paracetamol.
- If noisy breathing, excessive secretions likely: give hyoscine butylbromide 20 mg subcutaneously[1]/IV 6-12 hourly as needed.
- If fluid overload, give furosemide 20mg subcutaneously[1]/IV 2 hourly as needed. Reassess regularly.
- If anxiety/restlessness, manage ↩ 4.
- If urinary retention, insert urethral catheter.

Manage the COVID-19 patient after death

- Diagnose death if no carotid (neck) pulse for 2 minutes and no heart sounds for 2 minutes and no breath sounds or chest movement for 2 minutes and pupils are fixed, dilated and do not respond to light.
- Ensure family receive emotional support following the patient's death and refer to counsellor as available.

[1]Give subcutaneous bolus dose via an indwelling butterfly/cannula. Flush with 0.9% sodium chloride after each bolus.