COVID-19 Palliative Care and Symptom Management (M1/M2/M3)

**Patient Population**
- Confirmed or suspected COVID-19 and not a candidate for critical care
- High probability of patient death within days or short weeks
- Goals of care have been discussed with patient and/or substitute decision maker, and the discussion has been documented

**Medical Orders for Scope of Treatment**
- Provider to review and update MOST status to M1, M2, or M3 as indicated by patient’s goals of care

**Alerts**
- Patient Precautions, Droplet and Contact, COVID-19. Refer to local guidelines for Personal Protective Equipment (PPE)

**Diet/Nutrition**
- Review diet order to align with patient’s goals of care including diet, texture, fluid viscosity, and portion size
  - Nursing to adjust diet to meet patient’s preference

**Patient Care**
- Nurse to Pronounce
- Discontinue Vital Signs
- Discontinue IV Fluids
- IV to Saline Lock, maintain saline lock if patent; Do not resite if saline lock fails
- Communication Order, Nursing to cancel any pending medical imaging or lab tests
- Activity as Tolerated OR _______________ ____________
- Urinary Catheter Insertion, Indwelling, PRN for comfort
- Subcutaneous Butterfly insertion, one site per medication
- Oxygen Therapy, PRN for comfort up to a maximum of 10 L/min (to prevent aerosolization)
- Communication Order, suctioning and nebulizers must be avoided to prevent aerosolization

**Medications**
- Provider to review and reconcile current medication orders; Previous oral/IV medications should be discontinued as indicated by patient’s goals of care

**Agitation**
- haloperidol inj, 1 mg, Soln-Inj, SUBCUT, Q4H, PRN for agitation; Notify MRP for assessment of symptoms

**Analgesics and Antipyretics**
- acetaminophen, 1 g, Tab, oral, Q6H, PRN for pain/fever. Max dose: 4,000 mg/24h from all sources
- acetaminophen, 650 mg, Supp-Rectal, Q4H, PRN for pain/fever. Max dose: 4,000 mg/24h from all sources

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COVID-19 Palliative Care and Symptom Management (M1/M2/M3)

**Key:**
- Req – Requisition
- MAR – Medication Administration Record
- K – Kardex
- Dis – Discontinued

### Antiemetics
- **☐** metoclopramide inj - RANGE DOSE 5 mg to 10 mg, Soln-Inj, SUBCUT, Q6H, PRN nausea/vomiting
- **☐** haloperidol inj – RANGE DOSE 0.5 mg to 1 mg, Soln-Inj, SUBCUT, Q4H, PRN nausea/vomiting. Max dose: 6 mg/24h.
  
  Notify MRP if 4 doses administered in 24 hours AND nausea is not controlled

### Gastrointestinal Agents
- **☑** sennosides, 24 mg to 36 mg, Tab, oral, QHS
- **☐** polyethylene glycol 3350 (Lax-A-Day), 17 g, packet, oral, daily, PRN for constipation
- **☐** bisacodyl, 10 mg, Supp-Rectal, ONCE, AS DIRECTED, PRN for constipation, administer with glycerin suppository if stool in rectum
- **☐** glycerin adult rectal suppository, 2.65 g, Supp-Rectal, ONCE, AS DIRECTED, PRN for constipation, administer with bisacodyl suppository if stool in rectum

### Opiates
- **☐** COVID-19 OPIOID NAIVE Shortness of Breath (M1/M2/M3) (Mini-Set) – **Provider to complete orders (attached)**
- **OR**
  
  **☐** COVID-19 OPIOID TOLERANT Shortness of Breath (M1/M2/M3) (Mini-Set) – **Provider to complete orders (attached)**

### Secretion Control
- **FIRST LINE OPTION**
  - **☐** glycopyrrolate inj - RANGE DOSE 0.2 mg to 0.4 mg, Soln-Inj, SUBCUT, Q4H, PRN for oral secretions
  - **OR**
    - **☐** atropine inj, 0.6 mg, Soln-Inj, SUBCUT, Q4H, PRN for oral secretions
  
  - **OR**
    - **☐** hyoscine butylbromide (scopolamine), 1.5 mg, PATCH, topical, Q72h

### Miscellaneous Therapeutic Agents
- **☐** Consult to Pharmacy, Inpatient, COVID-19 complex equianalgesic opioid conversion *where available*
  
  **NOTE:** For complex care (e.g. midazolam CADD infusion), Provider to contact Palliative Care per Island Health IntraNet Palliative & End of Life Care

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# COVID-19 OPIOID NAIÊVE Shortness of Breath (M1/M2/M3) (Mini-Set)

**Instructions for completing this order set:**
- Indicates a pre-selected order. To delete a pre-selected order, draw a line through it.
- Must tick the box for order to be implemented. Orders not checked will not be implemented.
- Fill in blank spaces as needed/appropriate.
- Indicates an item for consideration by Provider; is NOT an order.

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## COVID-19 OPIOID NAIÊVE Shortness of Breath (M1/M2/M3) (Mini-Set)

*To be used in conjunction with ‘COVID-19 Palliative Care and Symptom Management (M1/M2/M3)’ order set*

### Patient Population
- Confirmed or suspected COVID-19 and not a candidate for critical care
- Patient is OPIOID NAIÊVE (i.e. no or minimal opioid use in the past 7 days)
- MILD (0 – 3 / 10) OR MODERATE (4 – 6 / 10) OR SEVERE (7 – 10 / 10) patient reported symptoms of shortness of breath

### Medications

#### Opiates

**PRN OPIOID ORDERS *based on CURRENT symptom severity**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Administration</th>
<th>PRN Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>HYDROmorphine (Dilaudid)</td>
<td>0.5 mg to 1 mg, Tab, oral, Q1H</td>
<td>PRN for shortness of breath, pain or cough</td>
<td>(MILD/INTERMITTENT)</td>
</tr>
<tr>
<td></td>
<td>1 mg to 2 mg, Tab, oral, Q1H</td>
<td>PRN for shortness of breath, pain or cough</td>
<td>(MODERATE/PERSISTENT)</td>
</tr>
<tr>
<td>HYDROmorphine (Dilaudid) inj</td>
<td>0.25 mg to 0.5 mg, Soln-In, SUBCUT, Q1H</td>
<td>PRN for shortness of breath, pain or cough</td>
<td>(MILD/INTERMITTENT)</td>
</tr>
<tr>
<td>Notify MRP if symptoms unrelieved with current dose and frequency</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>0.5 mg to 1 mg, Soln-In, SUBCUT, Q1H</td>
<td>PRN for shortness of breath, pain or cough</td>
<td>(MODERATE/PERSISTENT)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 mg to 2 mg, Soln-In, SUBCUT, Q15MIN</td>
<td>PRN for severe shortness of breath, pain or cough</td>
<td>(SEVERE)</td>
</tr>
<tr>
<td>Starting dose: 1 mg. Notify MRP and increase to 2 mg if symptoms unrelieved after three Q15MIN doses</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REGULARLY SCHEDULED OPIOID ORDERS *based on CURRENT symptom severity**

- Do NOT order regularly scheduled opioids for opioid-naïve patients until tolerance and requirements determined by PRN use.

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<td>HYDROmorphine (Dilaudid) inj</td>
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<td>(MODERATE/PERSISTENT)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 mg to 2 mg, Soln-In, SUBCUT, Q4H</td>
<td>(SEVERE)</td>
<td></td>
</tr>
</tbody>
</table>

#### Anxiolytics

- Consider prior use of benzodiazepines

**PRN ANXIOLYTIC ORDERS *based on CURRENT symptom severity**

- LORaZepam – RANGE DOSE 1 mg to 2 mg, Tab-Disintegrating, SL, Q4H PRN anxiety (MILD/MODERATE)

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<th>Administration</th>
<th>PRN Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>LORaZepam inj</td>
<td>1 mg to 2 mg, Soln-In, SUBCUT, Q4H</td>
<td>PRN anxiety</td>
<td>(MILD/MODERATE)</td>
</tr>
<tr>
<td></td>
<td>1 mg to 2 mg, Soln-In, SUBCUT, Q1H</td>
<td>PRN severe anxiety</td>
<td>(SEVERE)</td>
</tr>
</tbody>
</table>

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**COVID-19 OPIOID NAÏVE Shortness of Breath (M1/M2/M3) (Mini-Set)**

<table>
<thead>
<tr>
<th>Key</th>
<th>Request</th>
<th>MAR</th>
<th>K</th>
<th>Dis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Req</td>
<td>Requisition</td>
<td>Medication Administration Record</td>
<td>Kardex</td>
<td>Discontinued</td>
</tr>
</tbody>
</table>

**REGULARLY SCHEDULED ANXIOLYTIC ORDERS *based on CURRENT symptom severity**

- LORazepam, 2 mg, Tab-Disintegrating, SL, Q4H, if not given subcutaneous (SEVERE)
- LORazepam inj, 2 mg, Soln-Inj, SUBCUT, Q4H, if not given sublingual (SEVERE)

**Crisis Orders**

- Crisis orders should be available for all COVID-19 M1/M2/M3 patients, in the event of rapid escalation of symptoms requiring urgent and aggressive intervention
- Crisis management includes opioids, anxiolytic AND sedation; Provider to order ALL
- If crisis orders are initiated, Nurse will notify Provider STAT; Provider to reassess patient AND:
  - a) Determine ongoing orders
  - b) Determine if shortness of breath is refractory and palliative sedation is required; If refractory, consider ‘COVID-19 Palliative Sedation and End of Life (Module)’ order set

**Crisis Opiates**

- HYDROMorphone (Dilaudid) inj, 2 mg, Soln-Inj, IV/SC, Q15MIN, PRN for severe shortness of breath and distress, where symptoms cannot be controlled with current symptom management orders. Notify MRP STAT AND

**Crisis Anxiolytics and Sedatives**

- methotrimeprazine inj, 12.5 mg, Soln-Inj, SUBCUT, ONCE, PRN for severe shortness of breath and distress, where symptoms cannot be controlled with current symptom management orders. Notify MRP STAT
  AND

- LORazepam inj, 2 mg, Soln-Inj, IV/SC, Q15MIN, PRN for severe shortness of breath and distress, where symptoms cannot be controlled with current symptom management orders. Notify MRP STAT
  OR

- midazolam inj, 5 mg, Soln-Inj, IV/SC, Q15MIN, PRN for severe shortness of breath and distress, where symptoms cannot be controlled with current symptom management orders. Notify MRP STAT

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COVID-19 OPIOID TOLERANT Shortness of Breath (M1/M2/M3) (Mini-Set)

Key: Req – Requisition  MAR – Medication Administration Record  K – Kardex  Dis – Discontinued

Instructions for completing this order set:
- ✔ Indicates a pre-selected order. To delete a pre-selected order, draw a line through it
- ☐ Must tick the box for order to be implemented. Orders not checked will not be implemented
- __ Fill in blank spaces as needed/appropriate
- - Indicates an item for consideration by Provider; is NOT an order

COVID-19 OPIOID TOLERANT Shortness of Breath (M1/M2/M3) (Mini-Set)

* To be used in conjunction with 'COVID-19 Symptom Management and Palliative Care (M1/M2/M3)' order set *

Patient Population
- Confirmed or suspected COVID-19 and not a candidate for critical care
- Patient is OPIOID TOLERANT (i.e. opioid use in the past week, averaging OVER 60 mg of morphine oral daily or an equianalgesic opioid equivalent)
- MILD (0 – 3 / 10) OR MODERATE (4 – 6 / 10) OR SEVERE (7 – 10 / 10) patient reported symptoms of shortness of breath

Medications

Opiates

REGULARLY SCHEDULED OPIOID ORDERS
- Calculate total daily dose (TDD) of opioid and increase by 30%, then divide by 6 for Q4H dose
- Use ‘Equianalgesic Opioid Conversion Dose Table for Palliative Care’ to convert current opioid to HYDROMorphone dose
- Consider consult to Pharmacy or Palliative Care for complicated conversions (e.g. methadone, Suboxone, fentaNYL)
- Consider change to parenteral dosing; Oral to subcutaneous ratio is 2:1
- □ HYDROMorphone (Dilaudid), _______mg, Tab, oral, Q4H
- □ HYDROMorphone (Dilaudid) inj, _______mg, Soln-In, SUBCUT, Q4H

AND

PRN OPIOID ORDERS
- Calculate breakthrough dose as 10% of daily dose
- □ HYDROMorphone (Dilaudid), _______mg, Tab, oral, Q1H, PRN for shortness of breath, pain or cough
  Notify MRP if symptoms unrelieved with current dose and frequency
- □ HYDROMorphone (Dilaudid) inj, _______mg, Soln-In, SUBCUT, Q30MIN, PRN for shortness of breath, pain or cough
  Notify MRP if symptoms unrelieved with current dose and frequency

Anxiolytics

PRN ANXIOLYTIC ORDERS *based on CURRENT symptom severity
- □ LORaZepam – RANGE DOSE 1 mg to 2 mg, Tab-Dis, SL, Q4H PRN anxiety (MILD/MODERATE)

LORaZepam inj – RANGE DOSE
- □ 1 mg to 2 mg, Soln-Inj, SUBCUT, Q4H, PRN anxiety (MILD / MODERATE)
- □ 1 mg to 2 mg, Soln-Inj, SUBCUT, Q1H, PRN severe anxiety (SEVERE)

REGULARLY SCHEDULED ANXIOLYTIC ORDERS *based on CURRENT symptom severity
- □ LORaZepam, 2 mg, Tab-Dis, SL, Q4H, if not given subcutaneous (SEVERE)
- □ LORaZepam inj, 2 mg, Soln-Inj, SUBCUT, Q4H, if not given sublingual (SEVERE)
# COVID-19 OPIOID TOLERANT Shortness of Breath (M1/M2/M3) (Mini-Set)

**Crisis Orders**
- Crisis orders should be available for all COVID-19 M1/M2/M3 patients, in the event of rapid escalation of symptoms requiring urgent and aggressive intervention
- Crisis management includes opioids, anxiolytic AND sedation; Provider to order ALL
- If crisis orders are initiated, Nurse will notify Provider STAT; Provider to reassess patient AND:
  a) Determine ongoing orders
  OR
  b) Determine if shortness of breath is refractory and palliative sedation is required; If refractory, consider ‘COVID-19 Palliative Sedation and End of Life (Module)’ order set

**Crisis Opiates**
- DOUBLE patient’s current opioid dose and CONVERT to subcut/IV route
- Oral to subcutaneous ratio is 2:1
- Refer to Island Health Pharmacy ‘Equianalgesic Opioid Conversion Dose Table for Palliative Care’

☐ HYDROMorphone (Dilaudid) inj, ______ mg, Soln-In, IV/SC, Q15MIN, PRN for severe shortness of breath and distress, where symptoms cannot be controlled with current symptom management orders. Notify MRP STAT

AND

**Crisis Anxiolytics and Sedatives**
- methotrimeprazine inj, 12.5 mg, Soln-Inj, SUBCUT, ONCE, PRN for severe shortness of breath and distress, where symptoms cannot be controlled with current symptom management orders. Notify MRP STAT

AND

☐ LORazepam inj, 2 mg, Soln-Inj, IV/SC, Q15MIN, PRN for severe shortness of breath and distress, where symptoms cannot be controlled with current symptom management orders. Notify MRP STAT

OR

☐ midazolam inj, 5 mg, Soln-Inj, IV/SC, Q15MIN, PRN for severe shortness of breath and distress, where symptoms cannot be controlled with current symptom management orders. Notify MRP STAT

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