St Margaret's Hospice Care

Caring for the dying person: End of life care

Dr Janet Gillett

30th March 2020

Care of the dying

5 priorities of care

- Recognising dying
- Communicate – what's different with COVID
- Involve
- Support
- Plan- including prescribing for eol in COVID

Covid 19 Challenges

- Death rate 1-4% Elderly 15-22% (China WHO)

UK experience to date:

- 80% have had mild to moderate disease
- 15% require admission to hospital for severe disease
- 5% require admission to an intensive care unit and are critically ill.

AIMS

- Rapid assessment &Managing symptoms COVID/underlying conditions
- Ensuring comfort for those dying
- Support relatives and our colleagues

Communication challenges

- Managing uncertainty which becomes certainty
- Telephone conversations with people we've never met
- Emotional responses may be heightened
- Doing something we're not used to doing

(How we are feeling we will bring to the situation)

Communication - telephone

- Be prepared with the information you need- including from your team
- Introduce yourself by name
- Say why you're calling
- Ask if there's anyone else who would like to listen (speaker phone)
- Find out what patient/family understand about what's happening

- Clear unambiguous language
- Avoid medical jargon
- Be kind and honest

- Listen for non verbal cues – sighing, crying, silence, hesitation, pitch and tempo voice, if not listening

Priorities of eol care - Recognise dying

Indicators of poor prognosis:

Pre-existing frailty indicators/organ failure

Incr RR, Low sats

Signs of Shock- incr HR, pale, clammy

Altered mental state-confusion/delirium

Communication – death language patient/family/team

AVOID

- Very sick
- Deteriorating condition
- Poorly
- Not doing very well
- May not get better
- Might not pull through

TRY

I'm sorry

- They/you are sick enough that they/you may die
- They/you are now dying

Involve/Support/Plan

- eol care plan(Rio/emis document)
  - Stopping medications
  - Prescribing medication for eol
  - Physical care
  - Nutrition and hydration conversation
  - Spiritual care

Am I dying Dr/nurse? What do you say

Symptom	Clinical indication	Recommendation
Breathlessness (at rest/minimal exertion)	No previous opioid Able to swallow	Morphine Sulfate 2.5-5mg PO/2-4hrly/prn
	On regular opioid	1/10th 24hr dose
	Unable to swallow	Morphine 2.5-5mg 1-2hourly prn Convert to SD (+ are then taking a regular opioid)
Anxiety/ agitation	Able to swallow	Lorazepam 0.5-1mg SL 2-4hrly/prn Levomepromazine 12.5mg 4hrly PO/prn
	Unable to swallow	Midazolam 2.5-5mg SC 2hrly prn Levomepromazine 12.5mg 4hrly SC prn Consider SD
Cough	No previous opioid	Simple linctus, lozenges/drinks Oramorph 2.5-5mg PO 2hrly/SC
	On opioid for pain	Increase prn dose by 1/3
Fever		Regular paracetamol 1G QDS PO Diclofenac 100mg daily PR

Would a Syringe Driver be helpful?

Symptom	Clinical indication	Recommendation
Pain	No previous opioid- able to swallow	Morphine Sulfate 2.5-5mg PO/2-4hrly/prn
	No previous opioid – unable to swallow	Morphine 2.5-5mg SC/2-4hrly/prn
	Previous opioid	1/6 24hr oral opioid dose prn PO PO divide dose by 2 for SC (morphine +oxycodone)
Excess resp tract secretions		Hyoscine butylbromide 20mg 4hrly sc Scopoderm patch 1.5mg every 72hrs

IF FENTANYL PATCH IN PLACE, CONTINUE. DO NOT REMOVE

Would a Syringe Driver be helpful?

Non- injectable medicine pack

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- **Oramorph** 10mg in 5ml liquid 1 x 100ml bottle for breathlessness and pain with 2 x 5ml syringes and bung
- **Lorazepam** 0.5 -1mg to be given under the tongue (28 pack) for breathlessness or agitation
- **Levomepromazine** 25mg tablets (21 tablets) for nausea or agitation
- **Diclofenac** suppository 100mg PR daily for fever and pain (10)
- **Scopoderm** 1.5mg patch for nausea or noisy breathing (1)
- Gloves and lubricant for use with suppository

Breathlessness/ cough

- Titrate morphine (PO/SC) according to effect
- If eGFR<30 reduce the dose/increase interval
- If on regular opioid start 1/10 24hr dose prn
- May need higher than usual doses to manage symptoms
- Convert to BD (SR) or SD (reduces nurse contact)
- Intention – to relieve distress NOT to end life
- Do not withhold opioids due to an inappropriate fear that they may cause resp depression

Terminal agitation/delirium

THINK!

Bladder, bowel, infection, environment, PAIN

- Lorazepam
- Midazolam
- Haloperidol
- Levomepromazine

If you have questions or concerns

Please do not hesitate to call our 24hr advice line on

01823 333822 or 01935 709480

Or via SPL 01749 836700 (option 4:1)

For further information see:

- Managing key symptoms in patients who are unwell with COVID 19
- Treatment Escalation Planning conversations

available on St Margarets Hospice and SGPET websites