

Symptom control

National guidance regarding symptom control in COVID-19 has been reviewed by the CCG Medicines Optimisation Team and clinicians from the four Devon hospices.

After collaboration, the following pan-Devon guidelines have been drawn up.

Some patients will require all the medications, whilst others only a selection, depending upon the severity and nature of their symptoms. It may be that a patient has both oral and injectable medications in the house/care home, if it is likely that they may deteriorate and lose their oral route.

The first is a link to the COVID-19 symptom control packs. These are a list of oral medications and injectable medications that may be needed for patients at home and in a care home. These will be used for patients who, for whatever reason, are not being admitted to hospital. This may be because they have mild symptoms and do not require hospitalisation or because the (advanced) decision, is that their ceiling of care will be home/care home.

NHS Devon CCG symptom control guidance

[Click here to download the CCG Symptom Control Guidance](#)

These symptom control packs are not to be viewed in the same way as normal anticipatory 'just-in-Case' bags, rather they are to be an individualised selection for each patient.

Important notes

We have moved to morphine as the opiate of choice due to the frequent diamorphine shortages; this is a permanent change both in the symptom control packs, syringe drivers and the normal 'Just-in-case' bags (JIC).

Please note the levomepromazine doses for moderate to severe delirium in the CCG guidance are higher than we are used to in the normal JIC bags. This is because delirium has been reported as a significant symptom in COVID-19, especially in those with the most serious form of the illness and so may require higher doses to manage.

Please also note the recommended injectable drug for respiratory secretions is hyoscine hydrobromide. This is because a number of the hospices in the other regions use this. However, we are still recommending 1st line as glycopyrronium 200mcg injections in the western locality. This is non-sedating. Hyoscine Hydrobromide can be considered as an alternative, especially when sedation is required but avoid in patients with renal failure.

Syringe driver guidance

[Click here to download the Syringe Driver Guidance](#)

Remember to consider renal function when prescribing and adjust opiate and doses as required.

A note on Oxygen Therapy

Oxygen may be a palliative symptom control option for shortness of breath, for patients who are staying at home/care home for palliative and last days of life care. For all other patients, if they require oxygen, then they need to be admitted to the acute hospital for assessment and management. Hand-held fans are not recommended in the management of shortness of breath in COVID-19 because of the risk of it spreading the virus. However, breathing exercises may be helpful.

Please do contact us for any symptom control guidance that is not clear or that is required outside of the recommended dosing ranges.

For additional advice please call 01752 964200 (St Luke's Community Team) or 01752 401172 (Out of hours).

Additional references

The guidance is also linked on [the formulary page](#).

Community Palliative, End of Life and Bereavement Care in the COVID 19 pandemic. A guide to End of Life Care symptom control when a person is dying from COVID care for General Practice Teams, prepared by the Royal College of General Practitioners and the Association for Palliative Medicine. First Edition March 2020 Version 3.

COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. NICE guidance (NG163). Published date: 03 April 2020

Last updated: 21 January 2021

<https://www.nice.org.uk/guidance/ng163>