

Symptom Management Support for COVID-19 in the Nursing Home

Interventions and treatments are suggested guidelines in order to relieve pain and distressing symptoms of COVID-19. Interventions should be individualized for each resident's needs.

***Review supply of morphine liquid in the facility and process for obtaining from pharmacy.*

Shortness of Breath, Cough

If O₂ sat <90%, supplement with O₂ at 2-5 liters per nasal cannula

Start Morphine liquid (Roxanol) 20mg/ml, give 0.25ml (5mg) SL q4h. Increase to 0.5ml (10mg) if no relief from starting dosage; increase frequency to q30min PRN until relief from symptoms as needed.

Or

Start Morphine IR tablets 15mg: Give ½ tablet (7.5mg) PO q4h. Increase to 1 tablet (15mg) if no relief from starting dosage; increase frequency to q30min PRN until relief from symptoms as needed.

***can be given rectally if unable to swallow*

Can substitute, with same frequency as morphine:

Oxycodone 2.5-5 mg

Hydrocodone 5-10 mg

Or

Fentanyl transdermal patch 12 mcg/hr. Change patch every 72 hours.

Pain

Acetaminophen 650mg PO or PR q6h PRN mild pain/fever; consider liquid acetaminophen.

***use NSAIDS with caution in COVID-19*

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Can substitute, with same frequency as morphine:

Oxycodone 2.5-5 mg

Hydrocodone 5-10 mg

Or

Fentanyl transdermal patch 12.5mcg/hr. Change patch every 72 hours.

Constipation (*all residents receiving opioids should be on a regular bowel regimen*)

Polyethylene glycol: 17grams in water or juice daily (if able to swallow). Can increase to bid if needed.

Dulcolax suppository 1-2 daily PR prn

Anxiety/Restlessness/Agitation

Full examination to look for sources of pain or distress, including constipation, urinary retention.

Treat for pain (acetaminophen, morphine)

Haloperidol liquid 2mg/ml Give 0.25-0.5ml SL q1h prn until relief or calm.

Or

Haloperidol tablets 1 mg tablet, Give ½-1 tablet PO q1h until relief or calm.

Lorazepam Intensol 2mg/ml Give 0.25ml-0.5ml (0.5mg) SL q1h until relief or calm.

Or

Lorazepam tablets 1 mg tablet, Give ½-1 tablet PO q1h until relief or calm.

Nausea/Vomiting

Ondansetron ODT 4-8mg q8h prn

Promethazine suppository 25mg PR q12h prn

Metoclopramide 10mg PO q6h around the clock

***If using antiemetic for opioid-induced nausea, give 30 minutes before opioid to prevent nausea. This should only be necessary 3-4 days as nausea subsides with time.*

Excess Secretions

First line treatment is to position resident (side or semi-prone) to promote postural drainage

Avoid suction in COVID-19 residents as this is a potentially aerosolizing procedure

Caution with use of anti-cholinergics (atropine and scopolamine as risk of delirium)

Atropine 1% ophthalmic solution Give 4gtts orally/SL q2h prn

Scopolamine transdermal patch 1.5mg Apply behind ear, change every 72 hours.

***Takes 24hr to reach steady state so use alternate med for acute symptoms*

Diarrhea

Loperamide 2mg 2 tabs PO q4h prn (if able to swallow)

Urinary

May anchor foley catheter for comfort

Oral Care and Skin

Oral swabs dipped in cool water q4h and prn. Apply lip balm to dry, chapped lips bid and prn. Apply moisturizing lotion to dry skin daily and prn.

Important considerations

Full assessments are needed to evaluate for sources of pain and/or anxiety such as hypoxia, incontinence, constipation, full bladder/urinary retention, positioning, pressure ulcers, hunger or thirst, social isolation/loneliness, spiritual distress issues.

Open and frequent communication with COVID-19 residents and families is challenging but essential. Family communication will likely be via telephone. Provide daily updates about the resident's status and let them know what interventions you are doing to help manage symptoms. Consider a protocol to allow family visitation near end of life.

Avoid CPAP, BiPAP, nebulizer treatments and suctioning in COVID-19 positive or suspected residents as these are aerosolizing procedures.

Consider Palliative Care or Hospice referral for support with sedation, continuous morphine infusion, and for support for symptoms not responding to treatments.

General orders for comfort care

Stop all non-essential medications. If unable to swallow, discontinue all oral meds.

Discontinue non-essential routine orders: labs, weights.

Offer pleasure foods as tolerated and if resident is able to swallow safely.

Keep environment as calm and soothing as possible, keep light and noise at a minimum.

Check on resident frequently, especially for those unable to use call light.

References:

Center to Advance Palliative Care (CAPC) www.capc.org

www.optimistic-care.org