



Management of respiratory distress for opioid naïve patients with severe or critical illness with COVID-19 who are managed outside of ICU

These recommendations are consistent with:

- Goals of Care – All life sustaining treatment
- Goals of Care – Life extending intensive treatment – with treatment ceiling
- Goals of Care – Active ward based treatment – with symptom and comfort care

Breathlessness is distressing and causes feelings of panic.

Hypoxia may contribute to symptoms, however supplemental oxygen alone is unlikely to relieve the symptoms.

Non-pharmacological measures should also be considered – positioning, relaxation techniques, wiping the face with cool wipes.

Morphine and benzodiazepines improve symptoms of breathlessness and anxiety. Doses are determined to balance the benefit and risk with reference to the goal of care.

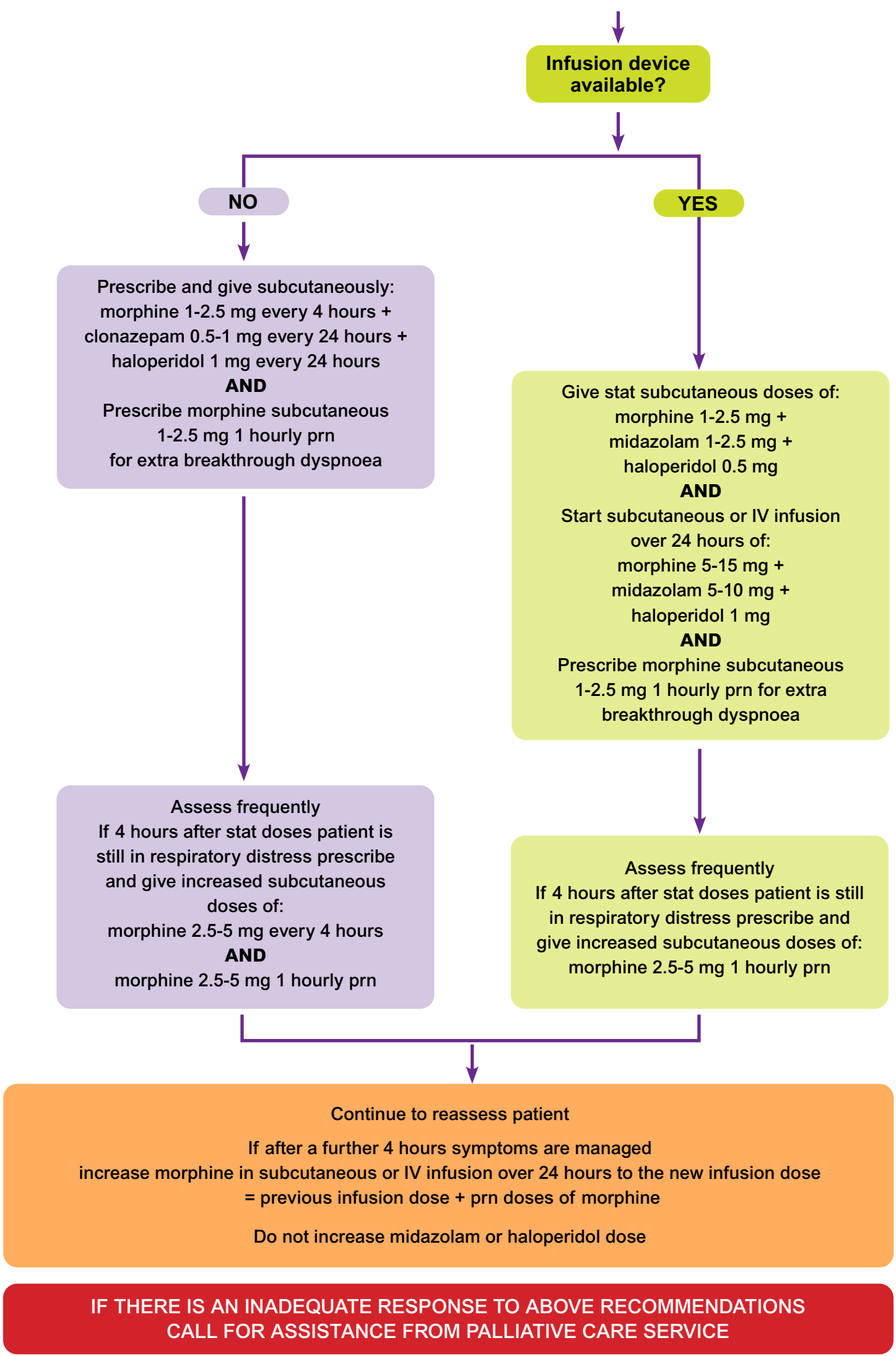
Is patient able to take oral medication?

YES

NO

Prescribe and give orally:
Morphine elixir 2.5-5 mg every 4 hours +
lorazepam 0.5-1 mg every 12 hours +
haloperidol 1 mg daily
AND
Prescribe
morphine subcut 1-2.5 mg 1 hourly prn
for extra dyspnoea

Reassess patient frequently.
IF THERE IS AN INADEQUATE RESPONSE
TO ABOVE RECOMMENDATIONS CHANGE
TO SUBCUTANEOUS PATHWAY
AT THE HIGHER DOSE RANGE
OR CALL PALLIATIVE CARE SERVICE
FOR ASSISTANCE.



Infusion device available?

NO

Prescribe and give subcutaneously:
morphine 1-2.5 mg every 4 hours +
clonazepam 0.5-1 mg every 24 hours +
haloperidol 1 mg every 24 hours
AND
Prescribe morphine subcutaneous
1-2.5 mg 1 hourly prn
for extra breakthrough dyspnoea

YES

Give stat subcutaneous doses of:
morphine 1-2.5 mg +
midazolam 1-2.5 mg +
haloperidol 0.5 mg
AND
Start subcutaneous or IV infusion
over 24 hours of:
morphine 5-15 mg +
midazolam 5-10 mg +
haloperidol 1 mg
AND
Prescribe morphine subcutaneous
1-2.5 mg 1 hourly prn for extra
breakthrough dyspnoea

Assess frequently
If 4 hours after stat doses patient is
still in respiratory distress prescribe
and give increased subcutaneous
doses of:
morphine 2.5-5 mg every 4 hours
AND
morphine 2.5-5 mg 1 hourly prn

Assess frequently
If 4 hours after stat doses patient is still
in respiratory distress prescribe
and give increased subcutaneous doses of:
morphine 2.5-5 mg 1 hourly prn

Continue to reassess patient
If after a further 4 hours symptoms are managed
increase morphine in subcutaneous or IV infusion over 24 hours to the new infusion dose
= previous infusion dose + prn doses of morphine
Do not increase midazolam or haloperidol dose

**IF THERE IS AN INADEQUATE RESPONSE TO ABOVE RECOMMENDATIONS
CALL FOR ASSISTANCE FROM PALLIATIVE CARE SERVICE**