

# DFCI/BWH PalliCOVID Symptom Management Tip Sheet

Look for Order sets: “Palliative Care Admission” or “Palliative Care Add-on”

## Dyspnea

- **Opioids** are gold standard; see next page for opioid management
- Dyspnea and anxiety exacerbate each other
  - **LORAZEPAM** 0.5-2mg PO/SL q4h PRN or 0.5-2mg IV q2h PRN
  - **HALOPERIDOL** 1-2mg IV q2h PRN
  - **OLANZAPINE** 2.5-5mg PO/SL q6h PRN

## Excess Salivary Secretions

- **Nonpharmacologic:** Evaluate benefit/burden of repositioning. Suction not advised.
- **GLYCOPYRROLATE** 0.2-0.4mg IV q2hrs PRN
  - Caution: can thicken secretions with lots of mucous and cause choking/discomfort

## Agitated Delirium

- **Non-pharmacologic:** daytime lights, nighttime dark, frequent reorientation, d/c tethers (e.g., foley), reverse underlying causes (infectious, metabolic)
- **Pharmacologic:** Minimize benzo's, anticholinergics
  - **HALOPERIDOL** 0.5-1 mg IV or 1-2 mg PO q6h and 1-2 mg q2h PRN; Max dose: 20 mg PO / 24 hours
  - **OLANZAPINE** 2.5 to 5 mg PO/SL/IV q12 hr and 2.5 mg q4h PRN; Max dose: 30mg / 24 hours
  - In patients >65, start with **MELATONIN** 3mg QHS or **TRAZODONE** 12.5-25mg QHS, then try **QUETIAPINE** 12.5-25mg PO, may repeat x1 after 1.5h

## Non-QTc Prolonging

- **ARIPIRAZOLE** 5 mg PO daily; max dose 30 mg daily
- **VALPROIC ACID** 125-250mg IV q8h PRN

## Pain

- **Nonpharmacologic:** Heat/ice, reiki, acupuncture, mindfulness
- Mild/moderate pain
  - **ACETAMINOPHEN** 650mg QID PRN
- Severe pain: See next page for opioid guidance
- Adjuvants can be helpful (e.g. **TCA's**, **bisphosphonates**, **gabapentin**) depending on the pain syndrome

## Constipation

- **SENNA** 2 tabs PO QHS, up to 2 tabs PO TID PRN
- **POLYETHYLENE GLYCOL** 17gm QD-BID PRN
- If unable to take PO, **BISACODYL** PR QD PRN
- **Avoid** docusate (Colace) – doesn't help

## REMAP: A Talking Map for Conversations about Goals of Care (but the skills can be used for any difficult conversation!)

	Skill to use	Example
Reframe	Assess understanding Inform using a brief headline Shift expectations	What's your understanding of what's happening medically? Despite our best efforts your father's condition is getting worse. We're in a different place now.
Expect emotion	Name Understand Respect Support Explore	I see this is unexpected news. I can imagine this is really hard to hear. You've been so strong through this whole ordeal. We will be right there to support you. Tell me more...
Map values	Ask about what's important Ask about hopes and worries	Given where we are, what's most important to you right now? What are your hopes? What are you most worried about?
Align	Summarize what you heard Use "I wish"	It sounds like what's important to you is... I wish things were different.
Propose a plan	Make a recommendation	Given what's happening medically, and given what I understand your priorities are, I recommend...