



Acute Symptomatic Management for SNF Patients with Dyspnea/Anxiety/Chest Pain/Secretions

Drafted for use during COVID 19
Pandemic



These guidelines are for the prescribing of comfort related medications with respiratory symptoms or discomfort related to Covid-19. Providers can utilize these guidelines when prescribing the following medications. Facility nurses can reference this list as a guide for comfort options related to the patient's symptoms. The timing of ordering these medications will be at the provider's discretion, often upon worsening of symptoms. The provider may consider ordering proactively on Covid-19 patients who have chronic respiratory illnesses (ie: COPD) and are anticipated to decompensate with Covid-19, or those patients who are very frail and are expected to decline quickly.

Facility Recommendation: Consult with your partnering pharmacy to ensure there is a process in place for procuring timely access to E-kit medications and sufficient quantities. Each pharmacy can check with the Board of Pharmacy regarding best practice during the pandemic given a potential increased need for comfort medication quantities.

Scarce Resources pg 11: [Patient Care Strategies for Scarce Resource Situations](#)

DYSPNEA OR PAIN

Comfort	Elevate head of bed
Oxygen	If the patient has dyspnea and oxygen is <88%, initiate oxygen 1-5 liters via nasal cannula. Titrate oxygen flow based on comfort and relief of dyspnea, not necessarily the oxygen saturation.
Medication (Choose 1)	Morphine 2.5 mg po for mild dyspnea or 5 mg po for moderate to severe dyspnea q 2 hours prn SOB or pain. If ineffective after one hour increase the dose to 5 mg for mild dyspnea or 10 mg for moderate to severe dyspnea q 2 hours prn SOB or Pain. <u>OR</u> Hydromorphone 1 mg po for mild dyspnea or 2 mg po for moderate to severe dyspnea q 2 hours prn SOB or pain. If ineffective after one-hour, increase dose to 2 mg for mild dyspnea or 4 mg for moderate to severe dyspnea q 2 hours prn SOB or pain. <u>OR</u> Oxycodone 2.5 mg po for mild dyspnea or 5 mg po for moderate to severe dyspnea q 2 hours prn SOB or pain. If ineffective after one-hour increase dose to 5 mg for mild dyspnea or 10 mg for moderate to severe dyspnea q 2 hours prn SOB or pain.
SOB	If patient has an underlying respiratory condition (i.e., asthma, COPD), is wheezing or other evidence of bronchospasm, use albuterol inhaler with spacer, 2 puffs every 2-4 hours as needed. Do NOT use nebulizer.

ANXIETY

Medication	Lorazepam 0.25 mg po for mild anxiety or 0.5 mg po for moderate to severe anxiety q 4 hours prn anxiety.
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(Choose 1) If ineffective after 2 hours increase dose to 0.5 mg for mild anxiety or 1 mg for moderate to severe anxiety q 4 hours prn.
OR (less preferred)
Diazepam 2 mg po for mild anxiety or 4 mg po for moderate to severe anxiety q 4 hours prn

SUPPORTIVE MEASURES (consistent with CPAC/Metro Alliance Standing Orders)

Pain/Fever Acetaminophen 650 mg po q 4 hours PRN pain/fever

Cough Guaifenesin 400 mg po q 4 hours PRN cough (expectorant)

COPIOUS SECRETIONS

Scopolamine patch 1.5 mg patch - 1 patch topically change every 3 days PRN

Glycopyrrolate 1 mg tablet – 1 mg PO/SQ/BUCCAL TID PRN, if ineffective after 4 hours may increase to 2 mg TID PRN

Atropine (1% Ophthalmic Solution) 2 drops PO/SL every 4 hours PRN, if ineffective after 4 hours may increase to 4 drops every 4 hours PRN

FORMULATION OPTIONS

Morphine Immediate release solution
10mg/5mL solution
20mg/mL concentrate (Intensol)
2.5mg solutabs (compounding pharmacy)
5mg solutabs (compounding pharmacy)
15 mg tabs

Hydromorphone (Dilaudid); the tablets can be crushed and given in a slurry with a 1-2mL of water under the tongue.
2mg tablet
4mg tablet
8mg tablet
0.5mg soltabs (compounding pharmacy)
2mg soltabs (compounding pharmacy)
10mg/mL (compounding pharmacy)

Lorazepam (Ativan): the tablets can be crushed and given in a slurry with 1-2 mL of water under the tongue.
0.5mg tablet
1mg tablet
2mg/1mL concentrate
2mg tablet

Diazepam
tabs - 2 mg, 5 mg, 10 mg
solution 5 mg/5 ml,
solution 5 mg/ml
inj 5 mg/ml

This Guideline represents the best evidence currently available, compiled by expert providers and coordinated by MNHPC and MAGIC. Each medical professional is solely responsible for all medical judgement and decision making with respect to treatment decisions based on each unique patient situation. This document was drafted in April 2020.