Dyspnea/Cough Protocol

Step 1: Optimize underlying disease treatment

If no relief then…

Step 2: Check oxygen saturation – supplement if below 90%

If no relief then…

Step 3: Start opioid**

**Introduce laxative if prescribing opioid: see constipation protocol

If no relief then…

Step 4: Referral to Palliative Care
Acute Pain Protocol

Step 1: Non-opioid pharmacological therapy

Acetaminophen 500mg by mouth every 6 hours prn (avoid in liver disease)

**NSAIDS contraindicated in COVID19: https://www.bmj.com/content/368/bmj.m1086

If acetaminophen not effective...

Step 2: Start opioid

**ORAL or SUBLINGUAL:** Morphine Sulfate: 15 mg ½-1 tablet every 4 hours AROUND THE CLOCK (once we know what the average daily total requirement is to keep pain or dyspnea below a 5 out of 10, switch to a long-acting pain medicine).

**IV or SQ:** Morphine 5 mg IV or SQ every 3 hours around the clock.

**Increase by 50% for pain unrelieved by starting dose.
**Introduce laxative if prescribing opioid: see constipation protocol

If not effective...

Step 3: Referral to Palliative Care
Agitation/Delirium/Restlessness/Confusion Protocol

Step 1: Full examination - look for sources of pain/distress including constipation, urinary retention, pressure ulcers

Step 2: Review medication list and delete all non-essential medication to reduce anticholinergic burden: American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults

Step 3: Pain is a leading cause of delirium - Try non-opioid pharmacological therapy

Acetaminophen 500mg by mouth every 6 hours prn (avoid in liver disease)

**NSAIDS contraindicated in COVID19: https://www.bmj.com/content/368/bmj.m1086

If acetaminophen not effective...

Step 4: Start opioid

ORAL or SL: Morphine Sulfate: 15 mg ½-1 tablet every 4 hours AROUND THE CLOCK.

IV or SQ: Morphine 5 mg IV or SQ every 3 hours around the clock.

**Increase by 50% for pain unrelieved by starting dose.
**Introduce laxative if prescribing opioid: see constipation protocol

If not effective...

Step 5: Haloperidol (Haldol)

ORAL or SUBLINGUAL:
Haloperidol liquid (Haldol): 2 mg per ml, Give ¼ ml to ½ ml by mouth or under tongue every hour until relief or calm.
Haloperidol tablets: 1 mg tablet, give half tablet every 1 hour until calm, increase to full tablet if no relief from starting dosage.

IV or SQ:
Haloperidol 2 mg/ml ¼ ml every hour until relief, increase to ½ ml if no relief from starting dosage.

If haloperidol not effective...
Step 6: Lorazepam

**ORAL or SUB LINGUAL:**
Lorazepam liquid (Ativan): 2 mg per ml, give ¼ to ½ ml by mouth or under tongue every hour until relaxed/calm. Increase to 1ml if no relief from starting dosage.

Lorazepam tablets: 1 mg tablet, give ½ tablet every hour until calm, increase to 1 tablet if no relief.

**IV or SQ:**
Lorazepam 1 mg/ml, give ½ ml every hour until relief, increase to 1 ml if no relief from starting dose.

If lorazepam not effective…

Step 7: Referral to Palliative Care
Nausea and Vomiting Protocol

Step 1: Reverse underlying cause if possible (GI obstruction, vertigo, constipation)

Step 2: Treat empirically with metoclopramide (Reglan) or ondansetron (Zofran)

**ORAL or SUBLINGUAL:**
Metoclopramide: 10 mg every 6 hours around the clock
OR
Ondansetron: 4 mg every 8 hours, increase to 8 mg if no relief from starting dosage

**IV or SQ:**
Metoclopramide: 5 mg/ml, give 1 ml every 6 hours around the clock.
OR
Ondansetron: 0.15 mg/kg IV every 8 hours

**If using either drug for opioid-induced nausea, give 30 minutes before morphine to prevent nausea - this should only be necessary for 3-4 days as nausea wears off with time.**

If not effective...

Step 3: Haloperidol (Haldol)

**ORAL or SUBLINGUAL:**
Haloperidol liquid (Haldol): 2 mg/mL, give ¼ to ½ ml by mouth or under tongue every hour until calm.
Haloperidol tablets: 1 mg tablet, give 1/2 tablet every hour until calm, increase to full tablet if no relief.

**IV or SQ:**
Haloperidol: 2 mg/ml ¼ ml every hour until relief, increase to ½ ml if no relief from starting dosage.

If not effective...

Step 4: Lorazepam

**ORAL or SUB LINGUAL:**
Lorazepam liquid (Ativan): 2 mg per ml, give ¼ to ½ ml by mouth or under tongue every hour until relaxed/calm, increase to 1ml if no relief from starting dosage.
Lorazepam tablets: 1 mg tablet, give ½ tablet every hour until calm, increase to 1 tablet if no relief.

**IV or SQ:**
Lorazepam: 1 mg/ml, give ½ ml every hour until relief, increase to 1 ml if no relief from starting dose.

If not effective...

Step 5: Referral to Palliative Care
**Constipation Protocol**

**Step 1:** Rule out impaction/obstruction

**Step 2:** Add polyethylene glycol (Miralax) powder: 1-2 capfuls in water or juice or any liquid you like *every day*. If no daily bowel movement increase to 3 capfuls, in divided doses. Over the counter.

If not effective after 48 hours…

**Step 3:** Dulcolax suppository: 1 or 2 per rectum *every morning* after breakfast. Over the counter.

If not effective after 48 hours…

**Step 4:** Enema - warm tap water, repeat until results (DO NOT use Fleets because of risk of hyperphosphatemia, hypocalcemia, arrhythmia).

If no effect…

**Step 5:** Referral to Palliative Care