



## A Note About These Guidelines:

*These are unprecedented times. There is no roadmap. We are facing situations that we never expected or wanted to. Working together we can make it through with empathy, compassion and sense of service intact.*

*These guidelines have been rapidly assembled and should be seen as an acute response to a fast-moving pandemic. The situation is fluid, and best practice is likely to need to change quickly. As we learn more about the specific needs of people dying with COVID-19, these guidelines will be updated, and we welcome your input and experience in helping to keep these as useful and relevant as possible.*

## **Sublingual Medication Administration for Patients Administration guidelines for Specialist Palliative Care**

The use of sublingual medications in palliative care is an alternative route of medication delivery when patients have difficulty swallowing.

Common symptoms managed in palliative medicine or end of life care include:

- pain,
- shortness of breath,
- nausea and vomiting,
- anxiety,
- restlessness or agitation,
- delirium and respiratory secretions.

Many of these common symptoms can be managed with sublingual medications.

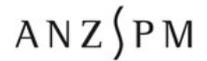
Sublingual administration delivers a medication across mucous membranes in the mouth either under the tongue or inside the cheek. Because the oral mucosa has a thin epithelium and abundant blood vessels, many medications administered here are rapidly absorbed. Passing directly into the bloodstream, they can take action quickly while avoiding the damaging effects of gastric acid and liver metabolism.

Mouth care is very important in this delivery mechanism as dry mucosa or mouth ulcers will prevent use of this delivery mechanism. Maintaining a clean, moist mucosa will enhance delivery.

Medications that come in liquid form may be suitable for sublingual administration. Higher concentration formulations are preferred, to aid absorption.

Some medications can be crushed and also given sublingually by mixing with a very small amount of tap water, letting the medicine dissolve, then drawn up in a syringe and given sublingually. Please ask your local pharmacist for guidance on which medications are appropriate to utilise in this manner if you are not sure.

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### Note:

- Ensure patients/families have 1 mL syringes supplied with the medication and that they are taught how to properly draw up medications and have supplies to label the syringes.
- Medications can be pre-drawn up to allow later administration and typically kept for 48-72 hours. Ensure that labelling of the syringes with pre-drawn medications is undertaken.

### **Important**

This information is to be used in conjunction with local palliative care guidelines and is designed as a technical guide for the use of sublingual medications. It includes starting doses for patients not already taking any of these medications, examples of common doses and volumes are given as a guide.

If your patient is already on a particular dose of one of these medications, simply convert to the liquid concentration but keep in mind that more than 1ml of liquid is not typically considered a sublingual administration however, sequential doses of 1ml could be considered. For example, if a patient is already taking 30mg of morphine for breakthrough pain, you could administer 1ml of the morphine elixir 10mg/ml sublingually three times at 5 minutes apart to achieve the same dose.

As with any medication, please use your clinical judgement for which medication is appropriate for your patient.

Typical considerations for most of these medications are hepatic and renal impairment, underlying medical conditions warranting against certain medications, etc. Also, these recommendations do not substitute for non-pharmacologic management of symptoms.

Finally, some of these medications are used 'off label' but are commonly used in palliative medicine and in end of life care (e.g. atropine eye drops for secretions, levomepromazine for nausea and vomiting, etc).

For the management of symptoms in patients with COVID-19, please refer to 'Symptom Control for those with COVID-19'

For video guidance on How to Prepare Medication for Sublingual or Buccal Administration:

<https://www.youtube.com/watch?v=l1v5F6ep5RM&feature=youtu.be>

For your information on educating family/carers:

<https://www.youtube.com/watch?v=6m18xD6Hqs0>

For information on mouth care:

<https://www.youtube.com/watch?v=ODCy8fjQSuM>



Supporting documents/info for carers that may be useful:

Available for download from <https://www.hospice.org.nz/covid-19/covid-19-for-health-professionals/>

1. Sublingual and buccal administration guide for Carers.

2. Sublingual medication order for family carer.

<b>Analgesics</b>	Strength	Dose (example only, not a dosing guideline)	Notes
Morphine	10mg/mL elixir	2.5mg (0.25mL)	Q1h PRN
Methadone <b>(seek Specialist advice)</b>	10mg/mL elixir	2.5mg (0.25mL)	Q8h PRN
Fentanyl	100mcg/2mL ampoule	12.5mcg (0.25mL)	Q1h PRN Draw up with needle + syringe, remove needle prior to administration
<b>Anxiolytics</b>			
Clonazepam	2.5mg/mL drops	2-3 drops (0.2-0.3mg) or 0.1mL (=2.5 drops)	Q8h PRN
Lorazepam	1mg tablet	0.5mg (half a tablet)	Crush and give sublingually Q4-6h PRN
Midazolam	15mg/3mL ampoules	2.5mg (0.5mL)	Q1h PRN
<b>Antiemetics</b>			
Haloperidol	2mg/mL elixir	0.5mg (0.25mL)	Q4h PRN
Ondansetron	Dispersible 4mg	1-2 tablets	Q8h PRN
Levomepromazine	25mg/mL ampoule	5mg (0.2mL)	Q4h PRN
Levomepromazine	25mg tablets	12.5-25mg (0.5-1 tab)	Crush and give sublingually Q6h PRN
Cyclizine	50mg tablets	25mg (half a tablet)	Crush and give sublingually
<b>Secretions</b>			
Atropine eye drops	1%	1-2 drops	Q6h PRN
Hyoscine butylbromide	10mg and 20mg tablets		Crush and give sublingually
Hyoscine butylbromide	20mg/mL ampoule	20mg (1mL)	Q4-6h PRN
<b>Other</b>			
Dexamethasone	4mg tablets		Crush and give sublingually Mane dose but dose can be split BD if problems
Dexamethasone	4mg ampoule	4mg/mL	Mane dose but dose can be split BD if problems

## the collaboration



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### References

Albert RH. End-of-life care: Managing Common Symptoms. Am Fam Physician 2017;95(6):356-361

#### *Some principles of all COVID-19 guidelines produced by the Collaboration:*

As with all guidelines, they are designed to support decision making and best practice alongside individual assessment and ongoing reassessment as possible.

No one size fits all, and the guideline recommendations should be tailored to individual circumstances. If local guidelines are available, these guidelines can be used in addition as appropriate. In some instances, these guidelines may not necessarily be appropriate or fitting.

Whilst these guidelines are aimed specifically for people with COVID-19, the principles may also apply to people who are dying of other conditions too during a crisis.

Please do not share these guidelines on social media: the information may be sensitive to the public if not given the appropriate context.

Please feedback with your experience, and what else needs to be added or changed, as we learn more about how best to help people needing palliative care in a COVID-19 pandemic. Please email [rachel@hospice.org.nz](mailto:rachel@hospice.org.nz)