



A Note About These Guidelines:

These are unprecedented times. There is no roadmap yet. 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 constantly updated, and we welcome your input and experience in helping to keep these as useful and relevant as possible.

Managing symptoms at the end of life without a syringe driver

The COVID-19 pandemic is expected to put pressure on healthcare systems across New Zealand. This may result in a shortage of syringe drivers across the sector including hospitals, community and aged resident care facilities. It is important that, despite this, **all people who are approaching the end of life continue to have good symptom management**. This guideline aims to support professionals in identifying alternatives to administration of medications, **when syringe drivers are not available**.

The following principles are recommended:

1. Use non-pharmacological methods to help symptoms where possible.
2. The subcutaneous route for administration can be used without a syringe driver
3. Consider alternative routes of administration when subcutaneous route is not available

Non-pharmacological measures

- Breathlessness – open a window to let the air move around the patient, sit patient upright with support over a low table, relaxation and breathing techniques, visualisation. See non-pharmacological management section in ‘Symptom control for COVID-19 patients’ and the Te Ara Whakapiri symptom management guidelines.
- The use of fans for breathlessness in people with suspected or confirmed COVID-19 is controversial. The risks and benefits should be considered on a case-by-case basis.¹ Where fans are chosen to be used, advice provided by the Ministry of Health is that:
 - *A minimum of 2 metres social distance should be maintained at all times while the fan is running*
 - *The fan is positioned such that the 'fan draft' is directed back to the person, rather than oscillating side to side. Handheld fans are preferred*
 - *The fan is switched off once symptoms settle or if close contact is required*
 - *Don PPE for close personal cares as per Ministry of Health guidance*
- Pain – try repositioning the patient, use of special mattresses if available, heat packs such as wheat bags can be useful, relaxation, music has been shown to be beneficial for some people



- Delirium – keep environmental stimulation to a minimum (staff changes, noise, room changes etc), make sure hearing aids are used if needed, if possible keep patient hydrated and taking nutrition, promote sleep avoiding day/night disruption, ensure glasses are used when required, speak quietly and orientate the patient when appropriate

Using the subcutaneous (SC) route

- Regular bolus SC administration of a single medication (to replace regular long acting oral medication) or a combination of medications is an effective way to manage symptoms.
- Consider using medications with longer duration of action to reduce the need for frequent dosing.
- Use a subcutaneous indwelling catheter to avoid repeated injecting.
- As required or prn medication can be given in addition to regular dosing for the management of breakthrough symptoms.
- When giving SC opioid injections, the maximum volume is 2ml. If a patient needs a dose that is in an injection volume above 2ml – seek advice

Alternative routes when subcutaneous route is not available or not indicated

- Minimise polypharmacy as much as possible; some medications can be used for more than one indication
- Many medications commonly used at the end of life can be administered via the sublingual or rectal route – there are guidelines for this on the [COVID-19 resource page](#).
- When using the sublingual route ensure a dry mouth is moistened before administration. This will help with absorption.

Adapted from <https://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/alternatives-to-regular-medication-normally-given-via-a-syringe-pump-when-this-is-not-a¹vailable.aspx>

¹ . Several countries advise against their use due to theoretical concerns around droplet spread. There is very little evidence to base a decision on. For many patients, the practical limitations around the safe use of a fan may mean they are unable to be used. These limitations may be on the frequency of clinician contact into a COVID positive room/ward as much as patients' own practical limitations.

the collaboration



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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