

CLINICAL UPDATE

22nd April 2020

Non-Pharmacological symptom control in End of Life patients – including COVID-19

This guidance on non-pharmacological symptom control for End of Life /COVID-19 is to support staff in attempting non -pharmacological symptom control before escalating to symptom control by medication, and may be particularly useful for non-paramedic crews and PAS.

This guidance has been reviewed by Dr Karen Chumbley, Clinical Director and Deputy CEO St Helena Hospice and approved by Dr Tom Davis, Medical Director.

Symptom	Non-Pharmacological Measures that may be considered
Breathlessness Breathlessness is the subjective sensation of discomfort with breathing and is a common cause of major suffering in people with acute, advanced and terminal disease. Treatment of underlying causes of dyspnoea should be considered and optimised where possible. Both COVID-19 and non-COVID-19 conditions (advanced lung cancer etc) may cause severe breathlessness / distress toward end of life.	<ul style="list-style-type: none">• Reassurance• Positioning (Sit upright- use of pillows, uncross legs, allow to lean forward)• Reduce room temperature- keep room cool• Consider relaxation and breathing techniques• Cool the face by using a cloth or flannel• Open door or window• Avoid portable fans in COVID-19, due to infection control risk
Cough Cough is a protective reflex response to airway irritation and	<ul style="list-style-type: none">• Consider elevating the head when sleeping• Use oral fluids (if tolerated by patient)• Suck on menthol sweets (If patient able)• A teaspoon of honey

Symptom	Non-Pharmacological Measures that may be considered	
is triggered by stimulation of airway cough receptors by either irritants or by conditions that cause airway distortion	<ul style="list-style-type: none"> • Humidify room air • Avoid smoking 	
Pain Patients may experience pain due to existing co-morbidities but may also develop pain as a result of excessive coughing or immobility.	<ul style="list-style-type: none"> • Consider positioning (many patients spend long lengths of time in same position) • Be aware of any pressure sores • Use of additional pillows/padding • Calmed and reassurance • Consider addressing spiritual, social and psychological concerns 	
Fever Fever is when a human's body temperature goes above the normal range of 36–37°C. It is a common medical sign. Other terms for a fever include pyrexia and controlled hyperthermia. As the body temperature goes up, the person may feel cold until it levels off and stops rising	<ul style="list-style-type: none"> • Reduce the room temperature • Use oral fluids (if tolerated by patient) • Cooling face by using a cool cloth or flannel • Avoid alcohol • Loose clothing • Avoid portable fans in COVID-19, due to infection control risk 	
Delirium Delirium is an acute confusional state that can happen when someone is ill. It is a SUDDEN change over a few hours or days and tends to vary at different times of day. People may be confused sometimes and then seem their normal selves at other times. People who become delirious may start behaving in ways that are unusual for them they may become more agitated than normal or feel sleepier and more withdrawn	Check for reversible causes <ul style="list-style-type: none"> • Infection • Electrolyte disturbance • Dehydration • Hypoxia • • Hyper/hypoglycaemia • Urinary retention • Constipation • Pain • Medication related • Medication or alcohol withdrawal 	<ul style="list-style-type: none"> • Reorient (explain where they are, who you are, your role etc) provide continued reassurance • Ensure lighting levels mimic the time of day • Ensure the patient has access to glasses and hearing aid if applicable • If family members/carers can be present involve them in reassuring patient and explain how they can help

Symptom	Non-Pharmacological Measures that may be considered
<p>Agitation / Terminal restlessness Agitation is a term that describes anxious, restless and occasionally aggressive behaviour. Terminal agitation means agitation that occurs in the last few days of life. May manifest in distressed behaviour, sometimes including anger and possible aggression. Confusion calling out, shouting or screaming, hallucinations, trying to get out of bed or wandering, being sleepy during the day but active at night. Being unable to concentrate or relax, jerking or twitching, fidgeting, including repeatedly picking at clothes or bed sheets</p>	<p>Check for causes / reversible causes</p> <ul style="list-style-type: none"> • Hypoxia (especially with COVID-19) • Urinary retention • Constipation • Uncontrolled pain • Nausea • Sepsis • Medication related • Alcohol withdrawal • Nicotine withdrawal • Emotional or spiritual distress. <hr/> <ul style="list-style-type: none"> • Repositioning • Provide reassurance • Calm surrounding environment • Explore the patient's concerns and anxieties

- Generally, non-drug approaches may be useful particularly in mild to moderate disease.
- Drug approaches may become necessary for severe distressing symptoms.

- The use of anticipatory medication may be indicated following consideration of a nonpharmacological approach if the patient has been prescribed and is possession of them which includes the drug administration sheet (MARs).

For further guidance on administration of anticipatory medication please follow this link.

Please also contact Clinical Advice for shared decision making and/or Community Palliative Care Teams.

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