



COVID-19 Palliative Care Guideline when CPAP/ NIV is the Ceiling of Treatment

This is a dynamic guideline: as COVID-19 management strategies change there will be updates through the QR readers

Clinical Pathway

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COVID-19 Palliative Care Guideline

Symptom control in patient with COVID-19 rapidly deteriorating to end of life on NIV or CPAP as ceiling of care

1 Ceiling of treatment

CPAP or NIV dependent patient is deteriorating rapidly and/or CPAP or NIV is to be discontinued. Ensure:

- Ceiling of treatment defined including DNACPR form and decision not to intubate
- Clinical multidisciplinary/senior decision to focus on symptom control/end of life care when deteriorating
- Discussion with family/patient regarding current ceilings of treatment and priorities of care

STEP 1: CEILING OF TREATMENT

Determine the patient's ceiling of treatment

STEP 2: SEDATE

Give stat s/c dose of
**Morphine 10mg AND
Midazolam 10mg**

If not adequately sedated after 15 mins

Administer bolus s/c of
**Morphine 5mg AND
Midazolam 5mg
+/- Levomepromazine 25mg**

1 Sedate

The goal of care is sedation alongside symptom alleviation.

Induce sedation to relieve agitation and distress

Aim for no response to voice or light glabellar tap

STEP 3: WEANING CPAP/NIV

When sedation goal is achieved, wean CPAP by 50%.
If on NIV, wean IPAP by 50%.

If patient remains comfortable after 10 mins, wean off NIV/ CPAP on to oxygen therapy (as appropriate)

Consider commencing CSCI (syringe driver) over 24 hours containing:
**Morphine 15 mg AND
Midazolam 20mg AND
Levomepromazine 25 mg**
(Take into account this may take up to 4 hours for full effect)

STEP 4: MAINTAIN SEDATION

Repeat doses of
**Morphine 5mg AND
Midazolam 5mg
(+/- Levomepromazine 12.5mg)**
to maintain required level of sedation