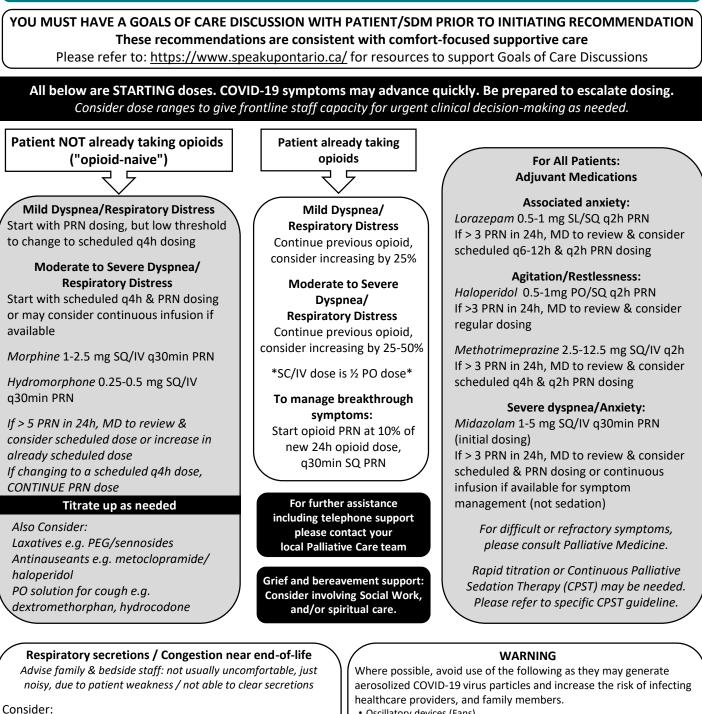
Symptom Management for Adult Patients with COVID-19 Receiving END-OF-LIFE SUPPORTIVE CARE Outside of the ICU



Glycopyrrolate 0.4mg SQ q2 - q4h PRN Scopolamine 0.4-0.6 mg SQ q4h PRN Atropine 1% (ophthalmic drops) 3-6 drops SL/buccal q4h PRN

If fluid overload, consider furosemide 20mg SQ g2h PRN & monitor response. Consider inserting foley catheter

Oscillatory devices (Fans)

- Oxygen Flow greater than 6L/min
- High-flow nasal cannula oxygen
- Continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP)
- All nebulized treatments (bronchodilators, epinephrine, saline solutions, etc)
- Deep airway suctioning (this does not include oral suctioning)
- Bronchscopy and tracheostomy

- Ontario Palliative Care Network
- * These recommendations are for reference and do not supersede clinical judgment
 - Evidence supports that symptom-guided opioid dosing does not hasten death in other conditions like advanced cancer or COPD
- * Reassess dosing as patient's condition or level of intervention changes Adapted with permission from the BC Centre for Palliative Care Guidelines. Version: May 11, 2020

