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Stepwise Protocols for Crisis Symptom Management

Center to
Advance
Palliative Care™

capc

Dyspnea/Cough Protocol

Step 1: Optimize underlying disease treatment

If no relief then...

Step 2: Check oxygen saturation – supplement if below 90%

If no relief then...

Step 3: Start opioid**

ORAL or SL: Morphine Sulfate: 15 mg ½-1 tablet every 4 hours AROUND THE CLOCK.

IV or SQ: Morphine 5 mg IV or SQ every 3 hours around the clock. Increase by 50% for pain unrelieved by starting dose.

****Introduce laxative if prescribing opioid: see constipation protocol**

If no relief then...

Step 4: Referral to Palliative Care

Acute Pain Protocol

Step 1: Non-opioid pharmacological therapy

Acetaminophen 500mg by mouth every 6 hours prn (avoid in liver disease)

****NSAIDS contraindicated in COVID19:** <https://www.bmj.com/content/368/bmj.m1086>

If acetaminophen not effective...

Step 2: Start opioid

ORAL or SUBLINGUAL: Morphine Sulfate: 15 mg ½-1 tablet every 4 hours AROUND THE CLOCK (once we know what the average daily total requirement is to keep pain or dyspnea below a 5 out of 10, switch to a long-acting pain medicine).

IV or SQ: Morphine 5 mg IV or SQ every 3 hours around the clock.

****Increase by 50% for pain unrelieved by starting dose.**

****Introduce laxative if prescribing opioid: see constipation protocol**

If not effective...

Step 3: Referral to Palliative Care

Agitation/Delirium/Restlessness/Confusion Protocol

Step 1: Full examination - look for sources of pain/distress including constipation, urinary retention, pressure ulcers

Step 2: Review medication list and delete all non-essential medication to reduce anticholinergic burden: American Geriatrics Society 2019 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults

Step 3: Pain is a leading cause of delirium - Try non-opioid pharmacological therapy

Acetaminophen 500mg by mouth every 6 hours prn (avoid in liver disease)

****NSAIDS contraindicated in COVID19:** <https://www.bmj.com/content/368/bmj.m1086>

If acetaminophen not effective...

Step 4: Start opioid

ORAL or SL: Morphine Sulfate: 15 mg ½-1 tablet every 4 hours AROUND THE CLOCK.

IV or SQ: Morphine 5 mg IV or SQ every 3 hours around the clock.

****Increase by 50% for pain unrelieved by starting dose.**

****Introduce laxative if prescribing opioid: see constipation protocol**

If not effective...

Step 5: Haloperidol (Haldol)

ORAL or SUBLINGUAL:

Haloperidol liquid (Haldol): 2 mg per ml, Give ¼ ml to ½ ml by mouth or under tongue every hour until relief or calm.

Haloperidol tablets: 1 mg tablet, give half tablet every 1 hour until calm, increase to full tablet if no relief from starting dosage.

IV or SQ:

Haloperidol 2 mg/ml ¼ ml every hour until relief, increase to ½ ml if no relief from starting dosage.

If haloperidol not effective...

Step 6: Lorazepam

ORAL or SUB LINGUAL:

Lorazepam liquid (Ativan): 2 mg per ml, give $\frac{1}{4}$ to $\frac{1}{2}$ ml by mouth or under tongue every hour until relaxed/calm. Increase to 1ml if no relief from starting dosage.

Lorazepam tablets: 1 mg tablet, give $\frac{1}{2}$ tablet every hour until calm, increase to 1 tablet if no relief.

IV or SQ:

Lorazepam 1 mg/ml, give $\frac{1}{2}$ ml every hour until relief, increase to 1 ml if no relief from starting dose.

[If lorazepam not effective...](#)

Step 7: Referral to Palliative Care

Nausea and Vomiting Protocol

Step 1: Reverse underlying cause if possible (GI obstruction, vertigo, constipation)

Step 2: Treat empirically with metoclopramide (Reglan) or ondansetron (Zofran)

ORAL or SUBLINGUAL:

Metoclopramide: 10 mg every 6 hours around the clock

OR

Ondansetron: 4 mg every 8 hours, increase to 8 mg if no relief from starting dosage

IV or SQ:

Metoclopramide: 5 mg/ml, give 1 ml every 6 hours around the clock.

OR

Ondansetron: 0.15 mg/kg IV every 8 hours

****If using either drug for opioid-induced nausea, give 30 minutes before morphine to prevent nausea - this should only be necessary for 3-4 days as nausea wears off with time.**

If not effective...

Step 3: Haloperidol (Haldol)

ORAL or SUBLINGUAL:

Haloperidol liquid (Haldol): 2 mg/mL, give ¼ to ½ ml by mouth or under tongue every hour until calm.

Haloperidol tablets: 1 mg tablet, give 1/2 tablet every hour until calm, increase to full tablet if no relief.

IV or SQ:

Haloperidol: 2 mg/ml ¼ ml every hour until relief, increase to ½ ml if no relief from starting dosage.

If not effective...

Step 4: Lorazepam

ORAL or SUB LINGUAL:

Lorazepam liquid (Ativan): 2 mg per ml, give ¼ to ½ ml by mouth or under tongue every hour until relaxed/calm, increase to 1ml if no relief from starting dosage.

Lorazepam tablets: 1 mg tablet, give ½ tablet every hour until calm, increase to 1 tablet if no relief.

IV or SQ:

Lorazepam: 1 mg/ml, give ½ ml every hour until relief, increase to 1 ml if no relief from starting dose.

If not effective...

Step 5: Referral to Palliative Care

Constipation Protocol

Step 1: Rule out impaction/obstruction

Step 2: Add polyethylene glycol (Miralax) powder: 1-2 capfuls in water or juice or any liquid you like *every day*. If no daily bowel movement increase to 3 capfuls, in divided doses. Over the counter.

If not effective after 48 hours...

Step 3: Dulcolax suppository: 1 or 2 per rectum *every morning* after breakfast. Over the counter.

If not effective after 48 hours...

Step 4: Enema - warm tap water, repeat until results (DO NOT use Fleets because of risk of hyperphosphatemia, hypocalcemia, arrhythmia).

If no effect...

Step 5: Referral to Palliative Care