



Management of respiratory distress for adult patients with COVID-19

These recommendations are consistent with all Goals of Patient Care

Breathlessness is distressing and may cause feelings of panic.
Hypoxia may contribute to symptoms:

- supplemental oxygen alone is unlikely to relieve the respiratory distress.

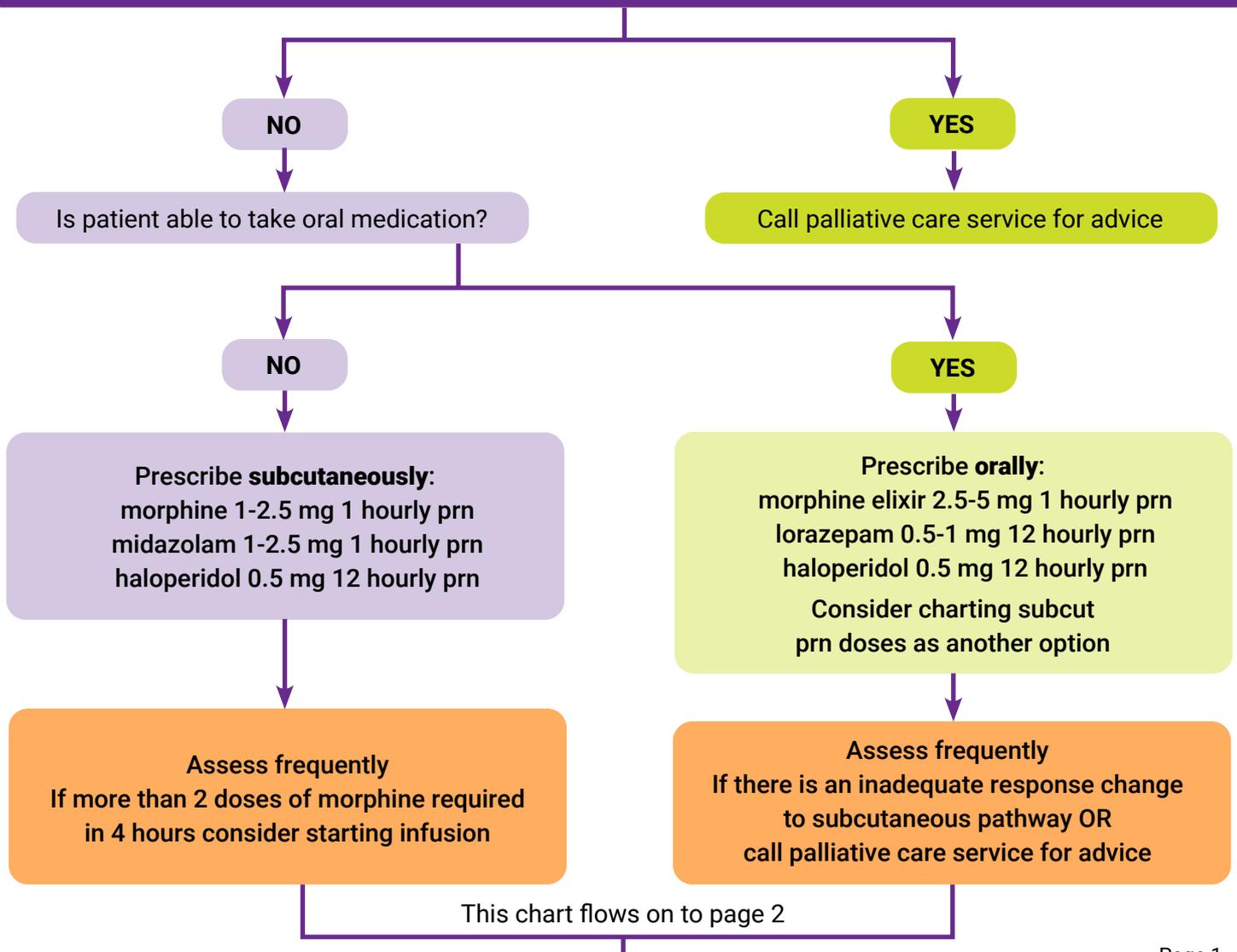
Non-pharmacological measures should be introduced:

- positioning, relaxation techniques, wiping the face with cool wipes.

Morphine and benzodiazepines improve symptoms of breathlessness and anxiety.
Haloperidol prevents opioid-induced nausea, treats nausea and reduces agitation.

Initial doses are determined to balance the benefit and risk with consideration of the person's age, organ function and previous use of opioids or benzodiazepines. Start with low doses and titrate carefully.

Is patient currently taking ≥ 30 mg morphine oral equivalent/day?



Infusion device available?

NO

YES

Prescribe and give **subcutaneously**:
morphine 2.5 mg every four hours
± clonazepam 0.5-1 mg every 24 hours
(if patient anxious and had doses of benzodiazepine)
± haloperidol 1 mg every 24 hours
(if patient opioid naïve or nauseated or agitated)
AND
Continue to administer
prn subcut doses of:
morphine 1-2.5 mg 1 hourly prn
midazolam 1-2.5 mg 1 hourly prn
haloperidol 0.5 mg 12 hourly prn

Start **subcutaneous or IV infusion** over 24 hours:
morphine 10 mg
± midazolam 5-10 mg
(if patient anxious and had doses of benzodiazepine)
± haloperidol 1 mg
(if patient opioid naïve or nauseated or agitated)
AND
Continue to administer
prn subcut doses of:
morphine 1-2.5 mg 1 hourly prn
midazolam 1-2.5 mg 1 hourly prn
haloperidol 0.5 mg 12 hourly prn

Assess frequently
If after 6 hours patient is still in respiratory distress increase regular morphine dose to:
morphine 2.5-5 mg subcut every 4 hours
AND increase morphine 2.5-5 mg subcut 1 hourly prn
Do not increase midazolam or haloperidol prn dose but continue to administer for extra symptoms

Assess frequently
If after 6 hours patient is still in respiratory distress increase morphine infusion to include prn doses
AND add midazolam 5-10 mg subcut over 24 hours if not already in infusion
AND increase morphine subcut prn dose to 2.5-5 mg subcut 1 hourly prn
Continue to administer subcut prn doses for extra symptoms

IF THERE IS AN INADEQUATE RESPONSE TO ABOVE RECOMMENDATIONS CALL FOR ASSISTANCE FROM PALLIATIVE CARE SERVICE