

End of Life Dyspnea/Pain Management for IV/ SQ or Hospitalized Patients

If unable to use oral route or significant symptoms recommend IV or SQ. Note that if oral only available with significant symptoms start with above oral dosing, dosing q30min PRN (prior to peak) and if able try to obtain SQ access. IV/SQ peak in 15 min.

Protocol for Opioid Naïve Patients:

Use morphine if GFR >30, if not consider hydromorphone.

Step 1

- Morphine 2mg or hydromorphone 0.3mg IV/SQ
- If effective make q15min PRN available

If no relief after 15min...



Step 2

- Repeat same dose from Step 1.

If no relief after 15min...



Step 3

- Increase dose 50-100% if unrelieved
- If effective make higher dose available every 15min PRN

If no relief after 15min...



Step 4

- Repeat same dose from Step 3.
- If dyspnea/pain are constant and requiring regular PRNs: schedule IV dose q4hr or consider infusion (see p26 of COVID-19 Toolkit) and add a IV PRN dose q15min (10% of daily total).
- Consider calling a palliative care or hospice specialist.

Protocol for Patients Already Taking Opioids:

Use morphine if GFR >30, if not consider hydromorphone.

Step 1:

- Calculate 24 hour total use and start q15min PRN of 10% of total. May need to convert oral dosing to IV (See Palliative Care Covid-19 Toolkit for conversions)
- If no 24-hour data make home PRN dose available q15min PRN

If no relief after 15min...



Step 2

- Repeat same dose from Step 1.

If no relief after 15min...



Step 3

- Increase dose 50-100% if unrelieved.
- If effective make Step 3 dose available every 15min PRN or repeat if needed.
- If dyspnea/pain are constant and requiring regular PRNs: schedule IV dose q4hr or consider infusion (see p26 of COVID-19 Toolkit) and add a IV PRN dose q15min (10% of daily total).
- Consider calling a palliative care or hospice specialist.