

Managing COVID-Positive Patients at Home

COVID-19 Testing for Homebound Patients:

- Clinicians may call UVM Home Health and Hospice (or local home care services) to request home COVID-19 testing on patients who meet criteria and are currently receiving home health services.
- Purpose of test may be to support further conversations about prognosis, goals of care and care plan options.

Hospice Referrals:

- Clinicians can place a hospice referral for any patient chronically or seriously ill patients with COVID-19 symptoms or illness who has decided to forego hospitalization.
- If urgent referral – call hospice medical director ([see page 31](#))

Comfort medications/ "comfort kits"

- Clinicians could consider ordering comfort medications alongside hospice referral if patient is seriously ill, having symptoms of COVID-19, and goals are consistent with a "do not hospitalize" and comfort-directed plan of care.
- Comfort medications can be e-prescribed to most local pharmacies.
 - For those with Epic access: Order Standard Hospice Comfort Care Orders (AKA End Of Life)
- Home health and hospice staff can complete the opioid consent form in the home.

Note: Morphine Intensol (20mg/ml) dosing should be reviewed with patients/families by physician, pharmacist or home health/hospice nurse due to high concentration and risk of dosing error.

Opioid prescriptions overnight or on weekends

- Opioid prescriptions can be called in verbally for a 3 day emergency supply. Hard copy of Rx must follow. Identify that the prescription is for hospice or palliative purposes.
- The inpatient pharmacy provides emergency prescription fills to hospice staff overnight when needed. This can be coordinated with the hospice medical director on call if needed.

If a person has an expected death at home and is not receiving home health or hospice care:

- Please coach family or caregivers to contact 9-1-1 with request for a death pronouncement (for an expected death).
- EMS or law enforcement will initiate the process for death pronouncement.
- Provide your contact information to family to facilitate communication with EMS and reporting of pronouncement time.

Comfort Kits for Home Hospice Patients

Morphine Oral Solution (20 mg/ml):** 2-10 mg PO q 30min PRN pain, SOB, 10-20 for severe symptoms, 30 ml

Lorazepam 0.5 mg tablet: 1-2 tabs q2H PO PRN anxiety

Haldol 0.5 mg tablet: 1-2 tabs PO q4H PRN delirium, nausea

Hyoscyamine 0.125 mg: 1-2 tabs SL q4H PRN secretions

Bisacodyl 10 mg Suppository: 1 sup PR daily PRN constipation

*** Alternative opioids may be substituted in case of morphine allergy or renal disease with CrCl<30.*

For more support please download full Palliative Care COVID-19 Toolkit at: [UVM Medical Center Intranet > Coronavirus > Palliative Care](#)

End of Life Dyspnea/Pain Management for Patients Taking Oral or at Home

If able to take oral medication or in outpatient setting. If severe symptoms with SQ/IV access, see Symptom Crisis Quick Reference. Note that oral/SL medicines must still be absorbed in the GI tract (by swallow or trickle) and all take 1 hour to peak in effect.

Protocol for Opioid Naïve Patients:

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

Step 1

- Start oral morphine 5mg SL q30min PRN or hydromorphone 1-2mg PO q30min
- For frail or elderly patients consider halving dose.

If no relief after 30min...



Step 2

- Repeat same dose from Step 1.

If no relief after 30min...



Step 3

- Increase dose by 50-100%.
- If effective make higher dose available every 30min PRN.

If no relief after 30min...



Step 4

- Repeat same dose from Step 3.
- If dyspnea/pain are constant and requiring regular PRNs: schedule oral dose q4H.
- If oral route is compromised in the home setting, hospice team will facilitate use of: subcutaneous opioid infusion, transdermal fentanyl, or rectal opioids.
- Consider obtaining SQ/IV access in the nursing home or hospital setting (see p28 in full COVID-19 Toolkit).
- Consider calling 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 q30min PRN of 10% of total.
- If no 24-hour data make home PRN dose available q30min PRN.

If no relief after 30 min...



Step 2

- Repeat same dose from Step 1.

If no relief after 30min...



Step 3

- Increase dose by 50-100%
- If effective make Step 3 dose available every 30min PRN.
- Repeat this same dose if needed.
- If dyspnea/pain are constant and requiring regular PRNs: schedule effective oral dose q4H and add PRN dose q30min (10% of daily total)
- If oral route is compromised in the home setting, hospice team will facilitate use of: subcutaneous opioid infusion, transdermal fentanyl, or rectal opioids.
- Consider obtaining SQ/IV access in the nursing home or hospital setting (see p28 in full COVID-19 Toolkit).
- Consider calling palliative care or hospice specialist.