



## CENTER FOR PALLIATIVE AND SUPPORTIVE CARE

### Palliative Symptom Management Tip Sheets for Providers

*The following two Tip Sheets and the Shortness of Breath Action Plan are designed to provide a list of commonly used medications and dosages for aggressive symptom management for patients being discharged to home with a serious, potentially life limiting illness including COVID infection and desire a home-based approach. These patients may be discharged with home care, house calls, on hospice or with no home-based services so these tip sheets can be provided at the time of discharge to the patient, family and the appropriate care team. The following notes and caveats should be taken into consideration when using these guides.*

- 1)** The recommendations and medications are considered standard practice in most cases in the field of palliative medicine and hospice.
- 2)** Each medicine may not be appropriate or indicated for each patient after a review of the individual patients' allergies, sensitivities, previous experience with certain medications, age, renal function, and any other medications.
- 3)** Dosages of any medications prescribed should take into account all aspects listed in #2 as well.
- 4)** It is common in palliative care and hospice practice that one medication may be used for more than one potential benefit when approaching end of life. *Example: Haldol for nausea as well as potential to relieve mild restlessness or delirium.*
- 5)** Standard practice of PDMP review and opioid risk assessment and mitigation should be considered before prescribing opioids even in these situations although they may certainly be indicated and safely prescribed.
- 6)** Always consider that patients and families do not typically think of opioids or benzodiazepines necessarily for the relief of air hunger or dyspnea so a moment of education on the usage of these medications would be beneficial.
- 7)** At the start of any opioid a bowel stimulant is also recommended such as Senokot once or twice daily to preserve bowel motility.
- 8)** In prescribing opioids for dyspnea and air hunger the lowest dose should be used particularly in opioid naive patients.
- 9)** Amounts of any of these symptomatic medications should be given in consultation with the particular home care or hospice provider, but usually only place two week supplies in the home initially.

***\*Note these are general guidelines and any particular medications, or steps, in the Shortness of Breath action plan may be simply deleted or marked through if not appropriate for a particular patient.***



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### Shortness of Breath Action Plan for: \_\_\_\_\_

*The feeling of shortness of breath, or not getting enough air, can be very uncomfortable and make you anxious. This step-by-step plan is recommended to you by your medical team to use at home when you have this feeling. Your medical team may use all, or only some, of the steps noted below.*

- 1) If you have oxygen at home, check oxygen connections to make sure oxygen is working correctly. If so, then you can increase your oxygen amount to your comfort level for 1-2 hours. Then try to decrease the oxygen back to your normal amount.
- 2) Make sure your room is cool; use a fan to blow cool air onto your face.
- 3) Create a peaceful environment using comforting music, blankets, and pillows for best positioning.
- 4) If you use breathing treatments, and it has been more than 1 hour since your last breathing treatment, you may repeat a breathing treatment or use your inhaler. (*Note that you should use caution with nebulizers if you have an infection that could spread to others such as COVID-19*)
- 5) You may take a dose of your pain medication: \_\_\_\_\_, which can also help with your shortness of breath. (*Examples: Hydrocodone/Norco, Oxycodone, Morphine or Hydromorphone/Dilaudid*)
- 6) If the above things have not helped in 30 minutes, you may also now take a dose of medication for anxiety: \_\_\_\_\_. (*Examples: Lorazepam/Ativan, Alprazolam/Xanax, Clonazepam/Klonopin*)
- 7) Remember to call your clinic, home care, house calls or hospice nurse to determine if you need a telephone visit or other medications called in.
- 8) If the things above have still not helped significantly, then you may now take an additional dose of \_\_\_\_\_ which can help with your shortness of breath and relaxation.

**If all the above measures have not helped within 1-2 hours, you may repeat all of the above in consultation with you care team. As a reminder, here is the main number you should call if you have questions \_\_\_\_\_.**