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 30min...**

**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.
- 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.

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*COVID-19 Palliative Care Quick Reference*

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