Understanding the palliative care support needs of patients with COVID-19 in an acute hospital setting

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Background

There is little published evidence on the symptoms, management and family support needs of COVID-19 patients referred to hospital palliative care teams. This makes it difficult to plan for future service delivery for these patients. Clinical guidelines for palliation of COVID-19 symptoms were developed and disseminated at the start of the COVID-19 pandemic (drawing on national guidelines and adapted for our local requirements), but the underpinning evidence at that time was limited.

Aims

To identify whether subcutaneous infusions for adult COVID-19 patients approaching end of life led to improved or stabilised symptoms.

Methods

Design and setting

Retrospective record review. We collated clinical data on all COVID-19 patients referred to us since the beginning of the COVID-19 pandemic, extracting this data using a standard template, using information from the electronic patient records and the clinical notes. Two of the team extracted the data for each patient.

Data collection

All patients with a diagnosis of COVID-19 referred to palliative care team in Hull University Teaching Hospital NHS Trust, between 1st April 2020 to 31st March 2021

Objectives

1. To establish common symptoms in this cohort and whether they improved, stabilised or deteriorated following management according to our trust guidelines.
2. To report the outcome of the episode of palliative care (whether died or discharged, and if discharged, to which location).
3. To determine the prevalence of use of continuous subcutaneous infusions (frequency and medications).
4. To establish the prevalence of provision of family support.

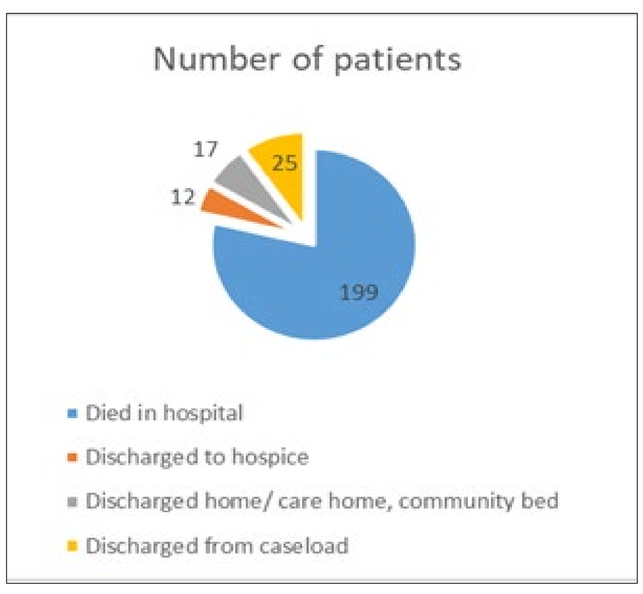
Results

Between 1st April 2020 to 31st March 2021, the team were referred 253 COVID-19 patients; mean age 78.9 years (range 42-98), 99 (39%) female.The median duration of specialist palliative care input was 3 days (range 1-35 days).

Table 1: Age and sex of patients with COVID-19 referred (N=253)

AGE (years)	Female	Male	Total
40-49	0	4	4
50-59	1	6	7
60-69	11	20	31
70-79	31	47	78
80-89	41	55	96
90-100	15	22	37
Total	99	154	253

Figure 1: Outcome at the end of the palliative care episode (N=253)



147 (58.1%) patients required a continuous subcutaneous infusion for symptom management. Of these 147 patients, 43 (29.3%) had pain; 82 (55.8%) had breathlessness; 92 (62.6%) had agitation/distress; and 36 (24.5%) had retained respiratory secretions. Medications used for symptom control are in Table 2.

Mean doses of medications used to were:

- **morphine** 14.2mg/day (range 5-60mg)
- **oxycodone** 21.4mg/day (range 5-80mg)
- **midazolam** 15.4mg/day (range 5-80mg)
- **haloperidol** 2.4mg (range 1-5mg)
- **levomepromazine** 23.75mg (range 6.25-50mg)
- **hyoscine butylbromide** 89.5mg (60-240mg)

During the pandemic, visiting for families was very restricted in the acute hospital setting.

Of the 253 patients referred, the SPC team offered either face-to-face or telephone support to 172 (68%) of the relatives.

The team also facilitated additional video calling and telephone calls between patients and their family.

Of those who had:

- **Pain** (n=43), 26 (60.5%) improved with morphine or oxycodone infusion; 7 (16.3%) remained the same, 1 (2.2%) were worse, and for 9 (21%) the change was unknown or not reported
- **Breathlessness** (n=82), 50 (61.0%) improved with morphine or oxycodone infusion; 7 (8.5%) reported that breathlessness remained the same, 1 (1.2%) were worse, and for 24 (29.3%) the change was unknown or not reported.
- **Agitation/distress** (n=92), 50 (54.3%) improved with midazolam, haloperidol, or levomepromazine infusion; 15 (16.3%) reported that agitation remained the same, for 27 (29.4%) the change was unknown or not reported.
- **Respiratory secretions** (n=36), 17 (47.2%) improved with hyoscine butylbromide infusion; 6 (16.7%) reported that secretions remained the same, 1 (2.8%) was worse, and for 12 (33.3%) the change was unknown or not reported.

Table 2: Medications used for symptom control in continuous subcutaneous infusion(N=147)

Medicaton	symptom	N	%
morphine	pain/ breathless	96	95%
oxycodone		44	
midazolam	anxiety/agitation	128	87%
hyoscine butylbromide	secretions	40	27%
haloperidol	nausea/ agitation	9	6%
levomepromazine		5	4%
levetiracetam	seizures	2	1%

Conclusion

Despite deteriorating illness, over half of patients seen by the specialist palliative care team in this acute hospital setting with COVID-19 were managed with common medicines administered by subcutaneous infusion and had improvement or stabilisation of their symptoms.

This piece of work recognises the importance of data collection to ensure that the guidelines that were provided at the start of the pandemic for COVID were appropriate. For most patients, the medications used were effective, and used at the (relatively low) recommended starting doses.