

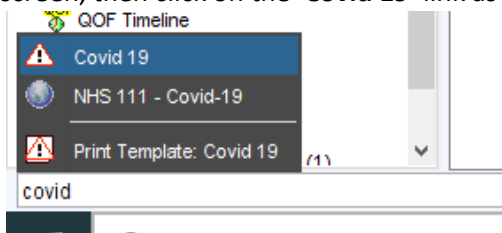
## Covid-19 CDRC Support Guide – SystemOne (S1)

- [Where can I find up-to-date information regarding Covid-19?](#)
- [How can the templates help with the assessment / management of patients with suspected Covid-19?](#)
- [How can I identify patients at the highest risk of Covid-19 complications?](#)
- [How can the templates help me to decide and record which Covid-19 risk group a patient should be assigned to?](#)
- [What Covid-19 advice is available for patients with particular conditions?](#)
- [How can I record testing of Covid-19?](#)
- [How can the templates help me to manage patients who need End-of-Life/Palliative care?](#)

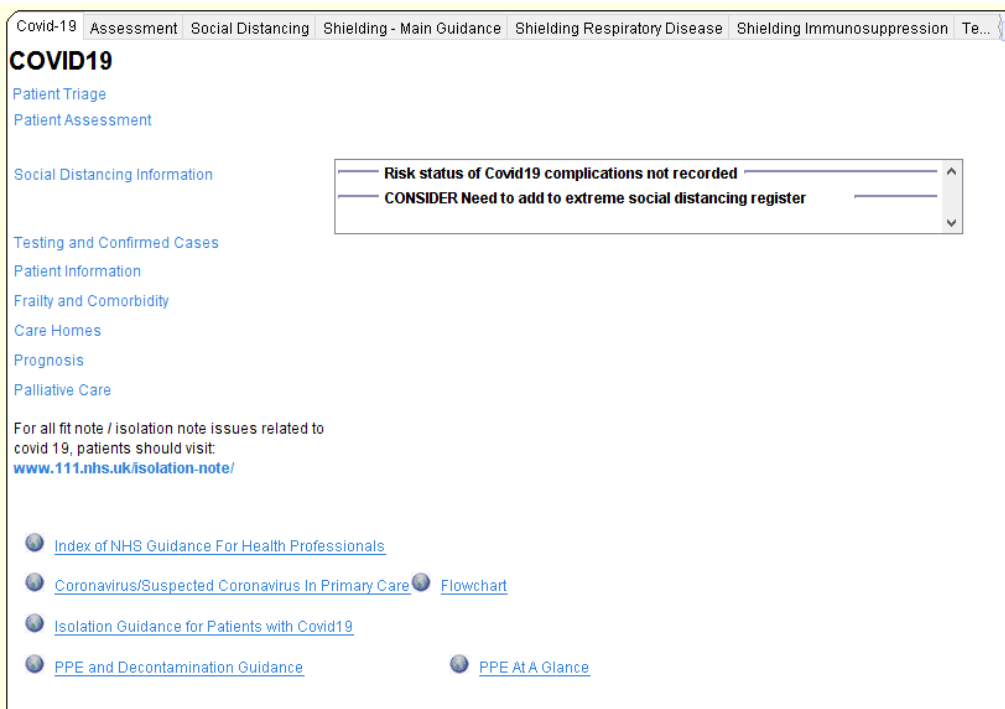
***In order to access the resources – please ensure that your organisation has added the DCS Organisational Group - Please visit the [CDRC Resources page](#) to access this guidance.***

### Where can I find up-to-date information regarding Covid-19?

- The CDRC Covid-19 template can be accessed via searching for 'Covid' in the bottom left corner of the screen, then click on the 'Covid 19' link as below:



- Links to relevant websites can be found towards the bottom of the template:



## How can the templates help with the assessment / management of patients with suspected Covid-19?

- The assessment tab provides an overview of the approach to suspected cases of Covid-19:
  - These buttons open templates to facilitate assessment of patients and guides you through appropriate safety netting advice.
  - This area highlights covid-relevant information specific to the current patient.

### Covid Assessment

#### Possible Covid19 Assessment

Date of symptom onset.

New, persistent cough?

- Yes  
 No  
 Not known

Fever?

- Yes  
 No  
 Not known

Fatigue?

- Yes  
 No  
 Not known

Loss of smell/taste?

- Yes  
 No  
 Not known

Contact with known/suspected Covid19 case?

- Yes  
 No  
 Not known

Breathlessness?

- Yes  
 No  
 Not known

Important Symptoms

- Chest pain/pressure  
 Cold, clammy, pale/mottled skin  
 New confusion  
 Difficult to rouse  
 Blue lips/face  
 Little or no urine output  
 Coughing up blood  
 Neck stiffness  
 Non-blanching rash  
 None of the above

Any other important history

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Vital Signs

Home Abdomen Breast Cardiological Respiratory Page 6

O/E - temperature  d...

BP  /  BP mmHg

Pulse rate  b...

Pulse rhythm

Capillary refill time  ...

Oxygen saturation  %

Respiratory rate  b...

Peak flow rate  L...

Normal Paediatric Ranges

Sepsis Assessment

Fever in Children

Calculate NEWS Score

**NB - you will need to close this template and open it again to calculate a NEWS Score**

Home Abdomen Breast Cardiological Respiratory Page 6

Chest pain  Clubbed

Breathlessness  Cyanosis

Cough  JVP

Sputum  Tracheal position

Haemoptysis  Cervical lymphadenopathy

Stridor

Percussion

Breath Sounds  Normal breath sounds (Xa7ur)   
 Abnormal breath sounds (Xa7us)  
 Wheeze absent (XaCH9)  
 Expiratory wheeze (Xa7uu)  
 Fine respiratory crackles (XM02D)  
 Coarse respiratory crackles (XM...)

Oedema  No oedema present (1831.)   
 Leg oedema (Xa2kw)  
 Sacral oedema (Ua1sR)  
 Ascites (Xa9C5)

No image selected

No image selected

**Fever in Children**

Home Under 5y 5-11y **>=12y** Resources

### Sepsis 12 or over

	Green	Mod to High Risk	High Risk
Respiratory ... <input type="text"/> b... Oxygen sat... <input type="text"/> % Pulse rate <input type="text"/> b... BP <input type="text"/> mmHg Capillary refi... <input type="text"/> ... Temperature <input type="text"/> C	Skin normal colour <input type="checkbox"/> Responds normally to social cues <input type="checkbox"/> Awake <input type="checkbox"/> Normal behaviour <input type="checkbox"/>	Carer concrd about behaviour <input type="checkbox"/> Decreased activity <input type="checkbox"/> Impaired immunity (e.g. steroids) Trauma, surgery or invasive proc last 6w	Skin pale/mottled/ashen <input type="checkbox"/> Cyanosis <input type="checkbox"/> Obj change in mental state <input type="checkbox"/>
<a href="#">NICE Pathway - sepsis</a>	Breathing easily <input type="checkbox"/>	RR 21-24	RR >=25
	Urine freq normal <input type="checkbox"/>	HR 91-130 bpm (100-130 if pregnant) New onset arrhythmia Systolic BP 91-100 Not passed urine in last 12-18 hours <input type="checkbox"/>	HR >=130 bpm Systolic BP <=90 <b>OR</b> 40mmHg below normal Not passed urine in last 18 hours <input type="checkbox"/>
	Rash absent <input type="checkbox"/>	? Skin infection, including redness, swelling or discharge at surgical site or breakdown of wound Temp <36C	Non-blanching rash <input type="checkbox"/>

**!! Sepsis Assessment**

Home Under 5y 5-11y **>=12y** Resources

### Sepsis 12 or over

	Green	Mod to High Risk	High Risk
Respiratory ... <input type="text"/> b... Oxygen sat... <input type="text"/> % Pulse rate <input type="text"/> b... BP <input type="text"/> mmHg Capillary refi... <input type="text"/> ... Temperature <input type="text"/> C	Skin normal colour <input type="checkbox"/> Responds normally to social cues <input type="checkbox"/> Awake <input type="checkbox"/> Normal behaviour <input type="checkbox"/>	Carer concrd about behaviour <input type="checkbox"/> Decreased activity <input type="checkbox"/> Impaired immunity (e.g. steroids) Trauma, surgery or invasive proc last 6w	Skin pale/mottled/ashen <input type="checkbox"/> Cyanosis <input type="checkbox"/> Obj change in mental state <input type="checkbox"/>
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	Urine freq normal <input type="checkbox"/>	HR 91-130 bpm (100-130 if pregnant) New onset arrhythmia Systolic BP 91-100 Not passed urine in last 12-18 hours <input type="checkbox"/>	HR >=130 bpm Systolic BP <=90 <b>OR</b> 40mmHg below normal Not passed urine in last 18 hours <input type="checkbox"/>
	Rash absent <input type="checkbox"/>	? Skin infection, including redness, swelling or discharge at surgical site or breakdown of wound Temp <36C	Non-blanching rash <input type="checkbox"/>

RTI Assessment

Home URTIs PILs

## Respiratory Tract Infection NICE Self-Limiting RTIs

History

OE - temperature  d...

BP  /  mmHg BP

Pulse rate  b...

Pulse rhythm

Oxygen saturation  %

Respiratory rate  b...

Peak flow rate  500 L...

Examination

Plan

01 Aug 2017 Never smoked tobacco...  Household Smoking

Core Data Entry  Health education - parental smoking

URTI  Acute bronchitis

**URTI**

**SELF CARE** Scripts should not normally be offered

Cough +/- sputum, malaise, and fever.

Pain/discharge may be localized to ENT or sinuses

- Paracetamol or ibuprofen prn
- Medical advice if worsens or new symptoms
- Consider smoking advice
- DO NOT recommend cough medicine

Treating Your Infection (PHE) PIL

PIL Coughs (Selfcare)

PIL Common Cold (Self care forum)

**Acute Bronchitis**

Cough +/- sputum, breathlessness, wheeze, or malaise.

Crackles, if present, should clear with coughing.

- Paracetamol or ibuprofen prn
- Medical advice if worsens or new symptoms
- Consider smoking advice
- DO NOT recommend cough medicine
- Antibiotics rarely needed - see link below

Acute Bronchitis

**Pneumonia**

At least one of SOB, sputum, wheeze, or pleuritic pain, focal signs (dull percussion note, bronchial breathing, or coarse crackles)

plus at least one systemic feature such as fever or myalgia.

Pneumonia

**Other Respiratory Infections**

Acute Sinusitis Sore Throat

Acute Otitis Media Otitis Externa

Bronchiolitis Croup Viral Wheeze

Covid Advice

Covid19 Management Advice

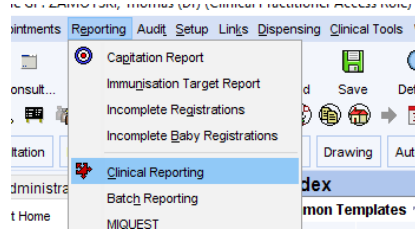
Consider giving the following advice

- 1 Ensure there is someone who can check on you.
  - Yes
- 2 Stay at home for 7 days, 14 days if there are other household members
  - Yes
- 3 Other household members must stay at home for 14 days
  - Yes
- 4 Maintain adequate fluid intake
  - Yes
- 5 Seek advice via 111 if you develop these symptoms.
  - Worsening breathlessness
  - Chest pain or pressure
  - Cold, clammy, pale or mottled skin
  - New confusion
  - Difficult to rouse
  - Blue lips or face
  - Little or no urine output
  - Coughing up blood
  - Non-blanching rash
- 6 Any other information

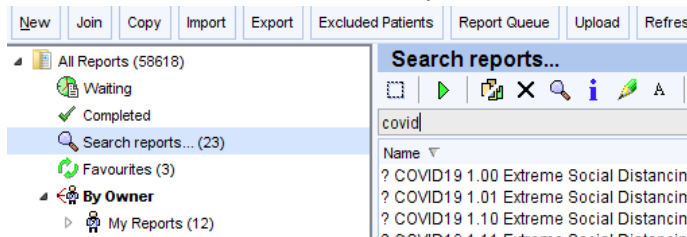
## How can I identify patients at the highest risk of Covid-19 complications?

**For more detailed guidance on identifying the highest risk (Shielding) patients please [visit the CDCR Resources page](#):**

- Open the Clinical Reporting Unit:



- Search for 'covid' in the "Search Reports" function on the left within the navigation tree:



- The CDCR searches are listed below (and all begin with a '?'):

Name	Count	%
? covid		
? COVID19 1.00 Extreme Social Distancing (Shielding) Register #	263	4.0 %
? COVID19 1.00 Extreme Social Distancing (Shielding) Register (recorded here) #	91	1.4 %
? COVID19 1.01 Extreme Social Distancing (Shielding) Register (GSF Green/Amber/Red) #	13	0.2 %
? COVID19 1.10 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (20-24/3/20) Phase 1 #	148	2.3 %
? COVID19 1.101 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (20-24/3/20) (with LD/Dementia/SMI/Pall Care) #	16	0.2 %
? COVID19 1.102 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (20-24/3/20) - also recorded here #	13	0.2 %
? COVID19 1.103 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (20-24/3/20) - not recorded here #	135	2.1 %
? COVID19 1.104 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (20-24/3/20) - no obvious reason for shielding #	19	0.3 %
? COVID19 1.11 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (9/4/20) Phase 2 #	51	0.8 %
? COVID19 1.111 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (9/4/20) (with LD/Dementia/SMI/Pall Care) #	2	0.0 %
? COVID19 1.112 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (9/4/20) - also recorded here #	11	0.2 %
? COVID19 1.113 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (9/4/20) - not recorded here #	40	0.6 %
? COVID19 1.114 Extreme Social Distancing (Shielding) - Patients contacted by NHSE (9/4/20) - no obvious reason for shielding #	23	0.4 %
? COVID19 1.20 Extreme Social Distancing (Shielding) - consider adding to register - all patients #	188	2.9 %
? COVID19 1.21 Extreme Social Distancing (Shielding) - consider adding to register - likely to be eligible #	127	2.0 %
? COVID19 1.22 Extreme Social Distancing (Shielding) - consider adding to register - additional criteria #	61	0.9 %
? COVID19 1.221 Extreme Social Distancing (Shielding) - consider adding to register if long term oral or high dose inh steroids for asthma #	20	0.3 %
? COVID19 1.222 Extreme Social Distancing (Shielding) - consider adding to register if long term oral steroids for lung condition or >1 exacerbation in last 1y #	3	0.0 %
? COVID19 1.223 Extreme Social Distancing (Shielding) - consider adding to register if >=20mg prednisolone or equivalent#	20	0.3 %
? COVID19 1.224 Extreme Social Distancing (Shielding) - consider adding to register if >=10mg prednisolone or equivalent#	0	0.0 %
? COVID19 1.225 Extreme Social Distancing (Shielding) - consider adding to register if >=5mg prednisolone or equivalent #	1	0.0 %
? COVID19 1.226 Extreme Social Distancing (Shielding) - consider adding to register if active pulmonary sarcoid #	7	0.1 %
? COVID19 1.227 Extreme Social Distancing (Shielding) - consider adding to register if immunosuppressant is for skin condition #	13	0.2 %
? COVID19 1.30 Extreme Social Distancing (Shielding) - NHSE Identified Patients Phase 1 and 2 #	199	3.1 %
? COVID19 1.31 Extreme Social Distancing (Shielding) - NHSE Identified Patients Phase 1 and 2 - not recorded here #	175	2.7 %
? COVID19 1.33 Extreme Social Distancing (Shielding) - NHSE Identified Patients - Possible false positives #	42	0.6 %

- 1.00** Patients on the Shielding Register (i.e. have had the high risk code added). **1.01** is the subgroup who have very limited life expectancy who may choose household contact over shielding.
- 1.10** Patients added directly by NHSE during Phase 1 on 20<sup>th</sup> March 2020. **1.11** is the subgroup of these patients who might need additional help to understand shielding.
- 1.20** Patients (not already on the 'register') who might be eligible for shielding based on information in the primary care record. Review of individual record would be needed before these patients were added to the register
- 1.21-1.227** Subdivisions of **1.20** to help make review of records easier.
- 2.00** Patients who are over 70 or eligible for an influenza vaccination who are not on the shielding register.

## How can the templates help me to decide and record which Covid-19 risk group a patient should be assigned to?

- The Social Distancing tab allows you to:
  1. Manually assign a certain risk category to individual patients
  2. Gives an overview of the approach for the three cohorts of patients
  3. Generates an Extreme Social Distancing (Shielding) Letter from NHSE (to send to patients that you manually identify from **Report 1.20** and from knowledge of your practice list)

**Social Distancing**

[Social Distancing Guidance \(PHE\)](#)

Low risk for developing complications from COVID-19  
 Moderate risk for developing complications from COVID-19  
 High risk for developing complications from COVID-19

**General Population**  
 Strict social distancing - leave home only for:  
 1. Work (where necessary)  
 2. Shopping for essential items  
 3. Exercise (once a day)  
 4. Medical or social care (including support of the vulnerable)  
 5. No gatherings or >2 people

**Higher Risk Group**  
 This comprises mainly:  
 Over 70s  
 Those who would be eligible for a flu vaccine for health reasons  
 Measures as above but more stringent

**Very Highest Risk Group (to be shielded)**  
 A subset of the group above with high risk of complications and death from Covid-19.  
 For full specification, see the next tab of this template  
 Should avoid all face to face contact for 12 weeks from 20/3/20  
 Stay at home at all times  
 Wash hands regularly  
 Minimise contact with household members (unless they follow same rules)  
 Consider excluding those with less than 6 months to live  
 Patient may 'opt-out'. Clinicians should help patients work through this decision if requested  
 To add the patient to the register use the 'high risk' code above

**FACTORS SUGGESTING STRINGENT DISTANCING MIGHT BE NEEDED**

**FACTORS SUGGESTING SHIELDING MIGHT BE NEEDED**  
 Long Term Pulmonary Condition AND Diabetes OR Heart Disease

Respiratory Disease    Immunosuppression    Repeat Medication

**1** Risk status of Covid-19 complications not recorded  
 CONSIDER Need to add to extreme social distancing register

**2** Create Shielding Patient Letter

**3**

- The following tabs help with decision making around shielding:

**Shielding - Patient Identification**

Groups at very high risk of complications from Covid-19 (as at 20/3/20)

**Group 1 - Patients identified by NHSE from central datasets**

1. Solid organ transplant recipients
2. People with specific cancers
  - People with cancer who are undergoing active chemotherapy or radical radiotherapy for lung cancer
  - People with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - People having immunotherapy or other continuing antibody treatments for cancer
  - People having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors.
  - People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe COPD
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell disease)
5. People on immunosuppression therapies sufficient to significantly increase risk of infection\*
6. People who are pregnant with significant heart disease, congenital or acquired

**Group 2**  
 There are some patients on this list who will be contacted by other routes due to limitations in national datasets. For example, Cancer Units will contact all patients in category 2; secondary care will contact most of the patients in category 5 via a cascade from the Royal College of Physicians and associated medical societies

**Group 3**  
 The Academy of Medical Royal Colleges will ask its members to identify any other subgroups of patients they feel are at high risk

**Group 4**  
 Other patients not identified in groups above.



Covid-19 Assessment Social Distancing Shielding - Main Guidance **Shielding Respiratory Disease** Shielding Immunosuppression Testing and Cases Patient Information

**Respiratory**

[Severe Asthma Definition - NICE](#)  
[British Lung Foundation: for other lung disease](#)

**Severe Asthma**  
ICS + (LABA or LAMA or montelukast) + steroids  
Treated with biologics  
Preventative antibiotics for asthma  
ICS/LABA with **high dose ICS**  
**high dose ICS** and montelukast  
Asthma AND (diabetes or heart disease)

**Severe COPD and Bronchiectasis**  
FEV1 < 50% predicted  
MRC3-5  
History of respiratory admission  
>=2 exacerbations in the last year  
Maintenance steroids for COPD  
Home oxygen or NIV  
Nebulised treatments for bronchiectasis

**Cystic Fibrosis** - all patients

**Lung Cancer or Mesothelioma**  
Undergoing radio or chemotherapy  
Meet any of the conditions for COPD

**Pulmonary Fibrosis** - all patients

**Pulmonary Hypertension** - all patients

**Sarcoidosis** - all patients with active lung disease

**FACTORS SUGGESTING STRINGENT DISTANCING MIGHT BE NEEDED**

**FACTORS SUGGESTING SHIELDING MIGHT BE NEEDED**

**Long Term Pulmonary Condition AND Diabetes OR Heart Disease**

**Current Respiratory Repeats**

	Prednisolone 5mg tablets	17 Jan 20... Take ... 42 ta...	-	
--	--------------------------	--------------------------------	---	--

**Steroids Issues In The Past Year**

	Prednisolone 5mg tablets	Five to be taken... 11 Feb 2020
--	--------------------------	---------------------------------

**Other Info**

Covid-19 Assessment Social Distancing Shielding - Main Guidance **Shielding Respiratory Disease** Shielding Immunosuppression Testing and Cases Patient Information

**Shielding Guidance For Immunosuppressed Patients** (as at 6/4/20)

Decisions must be on a case by case basis. For details see individual guidance or consult specialist

**Dermatology** [BAD Decision Grid](#)  
Skin condition being treated with:  
Rituximab, infliximab, cyclophosphamide, prednisolone >=20mg (or equiv)  
Two immunosuppressants (except methotrexate and biologic)  
Immunosuppressant and prednisolone >5mg (or equiv)  
Immunosuppressant and comorbidity (lung, kidney, heart, DM, hypertension, pregnant, >70y)

**Gastroenterology** [BSG Guidance](#)  
Prednisolone >=20mg (or equiv)  
Immunosuppressant and comorbidity (lung, CVD, DM, >70y)  
Current flare  
Parenteral nutrition  
Short gut syndrome

**Neurology** [Guidance](#)  
Motor neuron disease, SMA type 2, X linked muscular dystrophies  
Neurological disease leading to impaired respiration or bulbar function (e.g. PEG, FVC<60%)  
MS and Lemtrada or Mavenclad  
Two immunosuppressants  
Prednisolone >=20mg (or equiv)  
Immunosuppressant and prednisolone >10mg (or equiv)  
Immunosuppressant and comorbidity (lung, kidney, heart, DM, pregnant, >70y)

**Renal** [Renal Association Guidance](#) Guidance is complex  
Cyclophosphamide or prednisolone >=20mg (or equiv)  
Immunosuppression and prednisolone >=5mg (or equiv)  
Immunosuppression and >70y, heart/lung/respiratory disease, hypertension, DM, CKD3-5  
Immunosuppression and nephrotic range proteinuria.

**Rheumatology** [BSR Risk Stratification](#)  
Cyclophosphamide or prednisolone >=20mg (or equiv)  
Two immunosuppressants and comorbidity (lung, kidney, heart, DM, hypertension, pregnant, >70y)  
Immunosuppressant and prednisolone >=5mg (or equiv)  
Prednisolone >=5mg (or equiv) and comorbidity

**FACTORS SUGGESTING STRINGENT DISTANCING MIGHT BE NEEDED**

**FACTORS SUGGESTING SHIELDING MIGHT BE NEEDED**

**Long Term Pulmonary Condition AND Diabetes OR Heart Disease**

**Current Respiratory Repeats**

	Prednisolone 5...	17 J... T... 4...	-	
--	-------------------	-------------------	---	--

**Steroids Issues In The Past Year**

	Prednisolon...	Five L... 11 Feb 2020
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**Other Info**



## What Covid-19 advice is available for patients with particular conditions?

- The Patient Information tab links to condition-specific advice related to Covid-19

[General NHS advice](#)

[Pituitary/ adrenal insufficiency](#)

[Underlying lung disease \(British Lung Four](#)

[People with Asthma](#)

[People with Diabetes](#)

[Sick day rules T1 diabetes](#)

[Sick day rules T2 diabetes](#)

[Children/young people T1 diabetes](#)

[Pregnant women](#)

[People affected by Stroke](#)

[People with Heart/circulatory disease](#)

[Older people](#)

[Young people with anxiety](#)

[Adults with anxiety - MIND](#)

[Recovery College Course - Coping with Co](#)

[People with Rheumatoid Arthritis](#)

[People with cancer](#)

[Children and Young People with Cancer](#)

[People with inflammatory bowel disease](#)

[People with Parkinsons disease](#)

[People with Multiple Sclerosis](#)

[People with Motor Neurone Disease](#)

[People with liver disease and liver transpla](#)

[People with kidney disease including dialys](#)

[People with epilepsy](#)

[People living with HIV](#)

[People with Chronic Fatigue Syndrome/ME](#)

### Learning Disability Information

[Coronavirus - Easyread](#)

[Coronavirus - Easyread - longer version](#)

## How can I record testing of Covid-19?

Assessment | Social Distancing | Shielding - Main Guidance | Shielding Respiratory Disease | Shielding Immunosuppression | Testing and Cases | Patient Information | Frailty

### Testing and Confirmed Cases

Covid19 Test Taken:

Covid19 Test Result:

**NO CLEAR RECORD of testing for Covid19 Infection** << Expand

Coronavirus disease confirmed:

**NO CLEAR RECORD of confirmed Covid 19 infection** << Expand

## How can the templates help me to manage patients who need End-of-Life/Palliative care?

The templates guide you through symptom management in the context of the covid-19 pandemic.

Shielding Respiratory Disease | Shielding Immunosuppression | Testing and Cases | Patient Information | Frailty and Comorbidity | Care Homes | Prognosis | Palliative Care

### Symptom Management at End-of-Life for Covid19

[Local Palliative Care Services](#)

Use non-pharmacological management where possible e.g. reposition, open windows, cool compress

**Breathlessness**  
Opioids have evidence for effectiveness in breathlessness. Consider supplementary oxygen in hypoxia - titrate to comfort

ORAL Morphine 2.5-5mg max 1hrly  
S/C Morphine 2.5-5mg max 1hrly

If eGFR <30  
ORAL Oxycodone 1mg max 2 hourly  
S/C Alfentanil 100mcg max hourly  
OR  
S/C Oxycodone 1mg max hourly

**If breathlessness with anxiety**  
Lorazepam Sublingual 500mcg-1mg max every 15 mins, max 4 tablets in 24hrs

Midazolam 2.5-5mg SC 1hrly

If 3 doses in 24hrs then start syringe driver  
Starting doses 10mg morphine and/or 10mg midazolam over 24hrs

Opioid doses in those already on regular opioid will need to be reviewed and modified - follow NECN guidance

Opioids in Palliative Care

**Delirium/Agitation:**  
Lorazepam Sublingual 500mcg-1mg PRN 1-2hrly  
Midazolam 2.5-5mg SC 1hrly

**If not effective or clear signs of delirium/hallucinations:**  
Levomepromazine 12.5mg SC 1hrly max 75mg in 24hrs

If 3 doses in 24hrs then  
Consider adding to midazolam syringe driver or giving regular dose of levomepromazine at night

**If symptoms are not controlled – contact GP/DNs or 111 They can contact palliative care team for advice if needed.**

**Secretions**  
Reposition, reassure carers that it is likely to be more distressing for them than the person  
Hyoscine hydrobromide 1.5mg patch (1mg/72hrs) TD every 72hrs

If not effective: Hyoscine butylbromide 20mg PRN 1hrly

If 3 doses in 24hrs, then add to syringe driver

**Pain:** See opioids in breathlessness, pain can be related to cough

**Cough**  
Regular sips of water, simple linctus  
**If not effective or unable to swallow:** opioids - see doses for breathlessness

For elderly - where there is a range ensure that the lower dose is used first.

Palliative Care

EHCP

There are also links to the palliative care and EHCP templates which facilitate best practice for recording and sharing discussions and decisions around care planning:

Home | Rels | Profs | Problems | Summary | Relatives Discussion | Resources | Cohorts | Covid19

### Palliative Care

Palliative Care Summary

Old Pall Care Template

Palliative Care Recall: DCS Coordinated Care - Recall view has no data for patient

Discussion

MDT Meeting

GSF Status:  Not on the palliative care register

\*\* Change SCR Consent: SCR Additional Information NOT shared - preference no

DS1500: NO record of DS1500 discussion

Karnofsky Score: No performance status recorded

Depression / Anxiety Sc...: NO record of depression screen

Pain in Palliative Care: Covid19

Palliative Red Kardex

Resuscitation: NOT FOR ATTEMPTED CPR - REVIEW DUE

PPC: Preferred place of care - home

PPD: Preferred place of death preference not recorded

EHCP: Has EHCP

Carers: No Record of ADRT

No recorded information about carers

LPA/IMCA/DOLS: NO personal welfare attorney recorded

Safeguarding: No record of IMCA

NO record affairs under court jurisdiction

Not currently recorded as subject to a DOLS order

NO record of current safeguarding concern

Home | Rels | Profs | Emerg | Problems | Summary | Meds | Legacy Information | Resources

### EHCP

Create EHCP

Deciding Right Guidance

EHCP: 11 Jan 2016 EHCP (Emergency Health Care Plan) agreed (XaadB)

Key Code: 11 Jan 2016 Preferred place of care - home (XaQTK)

11 Jan 2016 Not for attempted CPR (cardiopulmonary resuscitation) (XaZ9c)

Resuscitation: Preferred place of death - not recorded

Preferred Place of Care: NO clear record of ADRT

Preferred Place of Death: No clear record of a personal welfare LPA

ADRT/LPA/IMCA/DOLS: There is no clear record of an appointed IMCA

There is no clear record that affairs are under court jurisdiction

Not currently recorded as subject to a DOLS order

No record of key code

Pt Wishes/Goals (Advance Statement): DCS Advance Statement view has no data for patient

Planning for your future care - PIL

Discussing future care with patients

Legacy Information - being phased out. Should be recorded elsewhere

Patient Preferences/Goals: Patient Preferences Goals 11 Jan 2016 10:42

Entered by: FORBES, Helen (Dr) (Clinical Practitioner Access Role)

Finished by: FORBES, Helen (Dr) (Clinical Practitioner Access Role) [11 Jan 2016 21:15]

Patient preferences/goals