**Symptom Management Guide – Recovery Possible**

**DYSPNEA**
**Assessment**
- Use “RDOS” respiratory distress scale to assess in a non-verbal patient

**Non-pharmacologic interventions**
- Positioning (sit up)

**Medical management**
- See “How to Dose Opioids”
- Add low dose benzodiazepine if opioid alone is ineffective

**COUGH**
**Assessment**
- When moderate or severe, use ATC dosing

**Medical management**
- Guaifenesin 200 mg PO q4h
- Benzonatate 100 mg PO TID
- Hydrocodone/homatropine 5 ml or 1 tab PO q4h

**ANXIETY**
**Assessment**
- Evaluate for causes of distress (dyspnea, pain, loneliness, etc.)

**Medical management**
- Lorazepam 0.5 mg PO/IV q6 PRN, titrate as needed
- If refractory page palliative medicine

**AGITATION/DELIRIUM**
**Assessment**
- Evaluate for other causes of distress (dyspnea, pain, urinary retention, constipation, etc.)
- Review meds for potential cause

**Medical management**
- Haldol 1 mg q4 PO PRN
- Titrate as needed AND/OR add 1 mg q8h ATC dosing
- If refractory or NPO, page palliative medicine

**FEVER**
- Acetaminophen 650 mg po/pr q4h prn

**HOW TO DOSE OPIOIDS**
- Avoid morphine/hydromorphone in renal failure
- If already on opioids but uncontrolled symptoms, increase dose 25-50%
- Use PRN meds for acute distress

<table>
<thead>
<tr>
<th></th>
<th>PO</th>
<th>IV/SQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine IR</td>
<td>3 mg</td>
<td>1 mg</td>
</tr>
<tr>
<td>Oxycodone IR</td>
<td>2.5 mg</td>
<td>N/A</td>
</tr>
<tr>
<td>Hydromorphone IR</td>
<td>1 mg</td>
<td>0.2 mg</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>N/A</td>
<td>25 mcg</td>
</tr>
</tbody>
</table>

- If uncontrolled in 1 hour, increase to:

<table>
<thead>
<tr>
<th></th>
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<th>IV/SQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine IR</td>
<td>7.5 mg</td>
<td>2 mg</td>
</tr>
<tr>
<td>Oxycodone IR</td>
<td>5 mg</td>
<td>N/A</td>
</tr>
<tr>
<td>Hydromorphone IR</td>
<td>2 mg</td>
<td>0.4 mg</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>N/A</td>
<td>50 mcg</td>
</tr>
</tbody>
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- If still uncontrolled or if worrisome side effects, page palliative medicine

**CONTINUOUS/ LONG-ACTING OPIOIDS**
- Continue any long-acting opioids from home, or convert to an equivalent dose of an IV continuous infusion
- Please page palliative medicine for guidance with continuous/long-acting opioids

**Developed by the Department of Palliative and Supportive Care, Taussig Cancer Institute**