Cleveland Clinic

COVID-19 Coronavirus

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

	PO	IV/SQ
Morphine IR	3 mg	1 mg
Oxycodone IR	2.5 mg	N/A
Hydromorphone IR	1 mg	0.2 mg
Fentanyl	N/A	25 mcg

- If uncontrolled in 1 hour, increase to:

	PO	IV/SQ
Morphine IR	7.5 mg	2 mg
Oxycodone IR	5 mg	N/A
Hydromorphone IR	2 mg	0.4 mg
Fentanyl	N/A	50 mcg

- If still uncontrolled or if worrisome side effects, **page palliative medicine**

	PO	IV/SQ
Once controlled, order bolus dose:	q3H PRN	q2H PRN

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

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