*Factoid: Around 500,000 people die in England each year.*
*It is predicted that this will rise to 590,000 within the next 20 years.*

# Top Tips for Clinicians

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| **Subject** | **Palliative and End of Life Care and COVID-19** |
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| **Disclaimer** | These are intended only as good practice prompts. Use your clinical judgement. |
| **Top Tip 1** | **How Do I Get Palliative Care Advice?**<br>If you're not sure what to do for the best in a palliative or end of life case, there is always a Consultant in Palliative Medicine available 24 hours a day, 7 days a week for advice. Please don't worry if the query seems straightforward – we don't mind and would rather help as soon as we can.<br>Contact **Marie Curie Hospice Tel. 01274 337000** or **ManorLands Hospice Tel. 01535 642308** asking to speak to the consultant on call. |
| **Top Tip 2** | **How To Get Support For Symptom Control**<br>Comprehensive symptom guidance is available on the Bradford, Airedale, Wharfedale and Craven Palliative Care Managed Clinical Network website. Managed Clinical Network |
| **Top Tip 3** | **Patches and Pumps at the End of Life**<br>If a patient is already using Fentanyl or Buprenorphine transdermal patches, these should be continued in dying patients. If they are requiring additional PRN opioid on a regular basis, with benefit, this can be added to a syringe pump.<br>Ensure that BOTH patch and pump dose are considered when calculating appropriate breakthrough dose. |
| **Top Tip 4** | **Palliation for Breathlessness**<br>Most patients requiring palliation for breathlessness (where there are no reversible causes) will not get benefit from oxygen unless significantly hypoxaemic.<br>Checking O2 sats. levels may help decision making. Palliative Care Symptom Guide 2016 v6 |
| **Top Tips 5** | **Opioids and Switching**<br>Morphine remains the gold standard strong opioid of choice. Oxycodone is a useful second line when morphine is not tolerated, and may be more appropriate as first line in patients with renal impairment.<br>Use a dose conversion chart when switching between opioids, and contact palliative care for advice if at all unsure. Palliative Care Opioid Conversions |
| **Top Tips 6** | **When using levomepromazine**<br>Levomepromazine is a broad-spectrum antiemetic which can be useful when first line anti-emetics have been ineffective. It is very sedating so should be started at low doses when used for nausea (2.5mg - 6.25mg sc. or 3 - 6.25mg orally).<br>Remember that 1/3 of patients with nausea will have impaired GI absorption, so if oral anti-emetics are not working, consider subcutaneous dosing. |
| **Information** | Further Information, Guidance and Education at www.palliativecare.bradford.nhs.uk/ |
| ***Questions*** | ***Clinical Top Tips***: *Top.Tips@bradford.nhs.uk* |
| ***My CPD*** | *Document the key points simply, reflect on what it means for me, so what?* |