COVID-19: Fever management in Palliative Care



The following guidance relates to management of fever in the context of **suspected or confirmed COVID-19** infection in adults.

Non-pharmacological management

- Reduce room temperature and wear loose cotton clothing
- Cool the face by using a cool flannel or cloth
- Drink cool drinks and ensure adequate fluid intake
- Offer ice cream or frozen lollipops
- Avoid alcohol and caffeine

FANS

Concerns have previously been raised about the use of fans for management of fever symptoms and breathlessness during the COVID-19 pandemic.

The Health and Safety Executive (HSE) has produced guidance on ventilation and the use of air conditioning and fans during the pandemic. This guidance advised that desk fans may improve air circulation and the risk of transmission is extremely low **provided that there is good ventilation** (with outside air) in the area it is being used.

The full guidance is accessible via the links on the following webpage:

https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm

Pharmacological management - Early

First line: PARACETAMOL

- Standard dose is 1g PRN QDS
- Routes: PO or PR
- Formulations: Tablets, effervescent tablets, oral solution, rectal suppository
- Offer reduced dose (500mg QDS) if bodyweight <50kg or in end stage renal failure

NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDS)

Concerns have been raised about prescribing NSAIDs such as ibuprofen during the COVID-19 pandemic. The Commission of Human Medicines (CHM) Expert Working Group on coronavirus have concluded that that there is insufficient evidence **currently** to establish a link between NSAIDs and susceptibility to contracting COVID-19 or the worsening of its symptoms. NSAIDs may therefore be considered following an assessment of potential benefits and risks.

Pharmacological management – End of life

In the last days of life, the potential benefits of NSAIDs to manage fever symptoms may outweigh the risk.

If paracetamol and non-pharmacological management has been ineffective, consider the following:

Second Line: DICLOFENAC SODIUM

Dose: 50mg PRN TDS

Route: PR

Formulation: Suppository

Third Line: KETOROLAC (Subcutaneous NSAID)

Dose: 15-30mg TDS (Maximum 90mg)

Route: Subcutaneous injection

• Formulation: Ampoules for injection (30mg/ml)