

Managing symptoms: Early management of respiratory secretions

The following guidance provides management options for patients with life limiting conditions experiencing thick or thin secretions earlier in their illness. For management of respiratory secretions towards the end of life, please see MD165 End of Life Management of Secretions in the Kirkwood Toolkit.

THICK Upper Respiratory Secretions

NON-PHARMACOLOGICAL APPROACH

- Rehydration – caution in patients with a poor swallow
- Pineapple Juice – drinking or applying to tongue with sponge as contains proteolytic enzymes
- Avoid dairy products

First Line: CARBOCISTEINE

- Dose: 750mg TDS
- Side effects – occasional dyspepsia
- Available formulations: capsules or liquid

SALINE NEBULISERS

Although Saline 0.9% nebulised solution may previously have been considered for secretion management, the induction of sputum using nebulised saline has been included on the Public Health England (PHE) list of medical procedures for COVID-19 that have been reported to be aerosol generating and are associated with an increased risk of respiratory transmission.

Current PHE guidance is that in areas where aerosol-generating procedures are undertaken, FFP3 PPE should be worn.

We would therefore not recommend that nebulised saline is routinely used for management of secretions. Should use be necessary, FFP3 protection should be worn by healthcare professionals during use and appropriate measures made to reduce potential transmission following use (as per use of NIV).

The New and Emerging Respiratory Viral Threat Assessment Group (NARVTAG) do not consider the administration of **other medications** via nebulisation to represent a significant infectious risk from COVID-19 as they generate an aerosol from material other than sputum. We would however recommend caution and that a risk assessment be undertaken prior to use in patients with possible or confirmed COVID-19.

The full guidance is accessible via the following link:

<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-infection-prevention-and-control-guidance-aerosol-generating-procedures>

THIN + WATERY Upper Respiratory Secretions

First line: HYOSCINE HYDROBROMIDE PATCH (SCOPADERM)

- Initial dose 1mg per 72 hours (Maximum 2mg)
- Side effects: antimuscarinic – drowsiness, urinary retention, delirium, local irritation/pruritus, falls, postural hypotension
- Available formulations: 1mg patches

If first line unavailable: AMITRIPTYLINE

- Initial dose: 10-25mg nocte
- Side effects: antimuscarinic as above
- Caution: avoid use in patients with a history of arrhythmias
- Available formulations: tablets or suspension

If second line unavailable: GLYCOPYRRONIUM BROMIDE

- Initial dose: 200micrograms TDS
- Consider 1st line if cognitive impairment present as fewer CNS effects
- Can be increased every 2-3 days to 1mg TDS
- Available formulations: suspension (tablets available but expensive)

Alternative option: ATROPINE

- Initial dose: 4 Drops on tongue QDS
- Caution: systemic side effects can occur, chiefly tachycardia
- Available formulations: 1% Ophthalmic solution