**Clinical Librarian Service Search Results**

**Request:** COVID-19 and EOLC Management - What literature is available on medicines/doses needed at end of life in patients with COVID-19?

**Summary**

A search of good quality resources has retrieved a small body of literature concerning end of life care, palliative and supportive care for patients with/during COVID-19. Some of the retrieved literature takes a more general focus concerning optimal management of palliative and end of life care. However, the search has retrieved some guidance and a few papers which offer more detail on pharmacological management of symptoms.

The Scottish Palliative Care Guidelines have provided an additional guideline for management when the patient is *“Imminently dying from COVID-19 lung disease”*, (2020)1. This guidance offers suggestions for non-pharmacological management and also advice on medications, (including suggested titrations), for managing the following symptoms: breathlessness, cough, respiratory secretions, terminal delirium/agitation/restlessness, pyrexia and pain.

NHS Greater Glasgow and Clyde, (2020)2, have also made a COVID-19 specific link available for their *“GGC Medicines Adult Therapeutics Handbook”*

Further literature specifically referring to medications includes:

* Fusi-Schmidhauser, et al., (2020)7, who describe emergency palliative care recommendations for conservative and palliative care management of COVID-19 patients, including details of suggested drugs for symptom control, during stable, unstable and end of life phases of disease.
* Ferguson, et al., (2020)8, who provide a *“Palliative Care Pandemic Pack”*, which offers advice for non-palliative care clinicians on management of dyspnea, respiratory secretions, delirium, and pre-existing renal failure. Ferguson et al provide details of suggested does/titration and also offer information regarding managing opioid naïve patients, patients already on background opioids, crisis medications, and the use of continuous subcutaneous infusions.
* Jackson, et al., (2020)10, who report on an audit of pharmacological management in end-of-life care for hospital inpatients with COVID-19. Jackson et al, conclude that their audit demonstrates that *“For 83% of patients dying with COVID-19, prescribing was in accordance with the existing local end-of-life symptom control guidance, and in all but one patient where this was not the case, advice from the specialist palliative care team was followed. This suggests that in patients with COVID-19, routine prescription of higher starting PRN opioid/benzodiazepine doses or adaptation of current end-of-life symptom control guidance was not required. It also supports international calls for accessible specialist palliative care advice”.*

The results listed below are split into three sections. The first section contains details of guidance docuemtns1-5, the second section details papers concerning end of life medications and palliative or terminal care management6-14, and the third section provides a selection of further more general literature addressing palliative, supportive and end of life care management and the role of palliative care during the COVID-19 pandemic15-31.

I hope that I have interpreted your request correctly. Please let me know if you would like me to search further.

**Accessing Articles**

Links are provided where online access to the full-text is available. An OpenAthens username and password may be required for online access to articles. You can register for one here: <https://openathens.nice.org.uk/>

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**Feedback**

Once you have read this report, I would appreciate it if you would complete our online literature search feedback form at:

<https://www.smartsurvey.co.uk/s/LiteratureSearchFeedback20202021/>

This relates to this specific search and will help us to monitor and improve our service.

Many Thanks.

Lisa Lawrence

Clinical Librarian

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**Current at:** 7th July 2020.

**Time taken for search:** 6 hours.

**Please acknowledge this work in any resulting paper or presentation as:**

Evidence Search: LS100 COVID-19 and EOLC Management. Lisa Lawrence. (07/07/2020). Derby, UK: University Hospitals of Derby & Burton NHS Foundation Trust Library and Knowledge Service.

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Email: [UHDB.MedicinesInformation@nhs.net](mailto:UHDB.MedicinesInformation@nhs.net)

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**Results: Guidance**

1. **End of Life Care Guidance when a Person is Imminently Dying from COVID-19 Lung Disease. (Scottish Palliative Care Guidelines).**

**Date:** Last updated Jun 2020.

**Source:** NHS Scotland.

**Full Text/URL:**

<https://www.palliativecareguidelines.scot.nhs.uk/guidelines/symptom-control/end-of-life-care-guidance-when-a-person-is-imminently-dying-from-covid-19-lung-disease.aspx>

1. **End of Life Care medication guide for patients with COVID-19. GGC Medicines Adult Therapeutics Handbook.**

**Date:** Content reviewed April 2020.

**Source:** NHS Greater Glasgow and Clyde.

**Full Text/URL:**

<https://handbook.ggcmedicines.org.uk/guidelines/covid-19-coronavirus/end-of-life-care-medication-guide-for-patients-with-covid-19/>

1. **COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community.**

**Date:** Last updated April 2020.

**Source:** NICE.

**Full Text/URL:** <https://www.nice.org.uk/guidance/ng163>

1. **COVID-19 and Palliative, End of Life and bereavement Care in Secondary Care. Role of the specialty and guidance to aid care.**

**Date:** March 2020.

**Source:** Northern Care Alliance NHS Group / Association for Palliative Medicine of Great Britain and Ireland.

**Full Text/URL:**

<https://apmonline.org/wp-content/uploads/2020/03/COVID-19-and-Palliative-End-of-Life-and-Bereavement-Care-22-March-2020.pdf>

1. **Community Palliative, End of Life and bereavement Care in the COVID-19 pandemic. A guide to end of life symptom control when a person is dying from COVID19 care for General Practice Teams.**

**Date:** March 2020 – Version 3.

**Source:** RCGP / Association for Palliative Medicine.

**Full Text/URL:**

<https://elearning.rcgp.org.uk/pluginfile.php/149457/mod_page/content/34/COVID%20Community%20symptom%20control%20and%20end%20of%20life%20care%20for%20General%20Practice%20-%20Word%20FINAL%20v3.pdf?time=1589368447206>

**Results: Further Literature: Medications & Palliative/Terminal Care Management**

1. **Creating a Palliative Care Inpatient Response Plan for COVID-19-The UW Medicine Experience**

**Author(s):** Fausto J.; Hirano L.; Lam D.; Mills B.; Owens D.; Curtis J.R.; Mehta A.; Perry E.

**Source:** Journal of Pain and Symptom Management; July 2020; 60(1): e21

**Publication Type(s):** Article

**PubMedID:** 32240754

Available at [Journal of pain and symptom management](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.jpainsymman.2020.03.025) - from ClinicalKey

Available at [Journal of pain and symptom management](https://doi.org/10.1016/j.jpainsymman.2020.03.025) - from Unpaywall

**Abstract:** Context: The coronavirus disease 2019 (COVID-19) pandemic is stressing health care systems throughout the world. Significant numbers of patients are being admitted to the hospital with severe illness, often in the setting of advanced age and underlying comorbidities. Therefore, palliative care is an important part of the response to this pandemic. The Seattle area and UW Medicine have been on the forefront of the pandemic in the U.S. Method(s): UW Medicine developed a strategy to implement a palliative care response for a multihospital health care system that incorporates conventional capacity, contingency capacity, and crisis capacity. The strategy was developed by our palliative care programs with input from the health care system leadership. Result(s): In this publication, we share our multifaceted strategy to implement high-quality palliative care in the context of the COVID-19 pandemic that incorporates conventional, contingency, and crisis capacity and focuses on the areas of the hospital caring for the most patients: the emergency department, intensive care units, and acute care services. The strategy focuses on key content areas, including identifying and addressing goals of care, addressing moderate and severe symptoms, and supporting family members. Conclusion(s): Strategy planning for delivery of high-quality palliative care in the context of the COVID-19 pandemic represents an important area of need for our health care systems. We share our experiences of developing such a strategy to help other institutions conduct and adapt such strategies more quickly.Copyright © 2020 American Academy of Hospice and Palliative Medicine

**Database:** EMBASE

1. **Conservative Management of COVID-19 Patients-Emergency Palliative Care in Action.**

**Author(s):** Fusi-Schmidhauser, Tanja; Preston, Nancy J; Keller, Nikola; Gamondi, Claudia

**Source:** Journal of Pain and Symptom Management; Jul 2020; vol. 60 (no. 1); p. e27

**Publication Type(s):** Journal Article

**PubMedID:** 32276101

Available at [Journal of pain and symptom management](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.jpainsymman.2020.03.030) - from ClinicalKey

Available at [Journal of pain and symptom management](https://doi.org/10.1016/j.jpainsymman.2020.03.030) - from Unpaywall

**Abstract:** CONTEXT The COVID-19 pandemic is spreading across the world. Many patients will not be suitable for mechanical ventilation owing to the underlying health conditions, and they will require a conservative approach including palliative care management for their important symptom burden. OBJECTIVES To develop a management plan for patients who are not suitable for mechanical ventilation that is tailored to the stage their COVID-19 disease. METHODS Patients were identified as being stable, unstable, or at the end of life using the early warning parameters for COVID-19. Furthermore, a COVID-19-specific assessment tool was developed locally, focusing on key symptoms observed in this population which assess dyspnoea, distress, and discomfort. This tool helped to guide the palliative care management as per patients' disease stage. RESULTS A management plan for all patients' (stable, unstable, end of life) was created and implemented in acute hospitals. Medication guidelines were based on the limitations in resources and availability of drugs. Staff members who were unfamiliar with palliative care required simple, clear instructions to follow including medications for key symptoms such as dyspnoea, distress, fever, and discomfort. Nursing interventions and family involvement were adapted as per patients' disease stage and infection control requirements. CONCLUSION Palliative care during the COVID-19 pandemic needs to adapt to an emergency style of palliative care as patients can deteriorate rapidly and require quick decisions and clear treatment plans. These need to be easily followed up by generalist staff members caring for these patients. Furthermore, palliative care should be at the forefront to help make the best decisions, give care to families, and offer spiritual support.

**Database:** Medline

1. **Palliative Care Pandemic Pack: A Specialist Palliative Care Service Response to Planning the COVID-19 Pandemic.**

**Author(s):** Ferguson, Lana; Barham, Deborah

**Source:** Journal of Pain and Symptom Management; Jul 2020; vol. 60 (no. 1); p. e18

**Publication Type(s):** Journal Article

**PubMedID:** 32247056

Available at [Journal of pain and symptom management](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.jpainsymman.2020.03.026) - from ClinicalKey

Available at [Journal of pain and symptom management](https://doi.org/10.1016/j.jpainsymman.2020.03.026) - from Unpaywall

**Abstract:** Specialist palliative care services (SPCS) have a vital role to play in the global coronavirus disease 2019 pandemic. Core expertise in complex symptom management, decision making in uncertainty, advocacy and education, and ensuring a compassionate response are essential, and SPCS are well positioned to take a proactive approach in crisis management planning. SPCS resource capacity is likely to be overwhelmed, and consideration needs to be given to empowering and supporting high-quality primary palliative care in all care locations. Our local SPCS have developed a Palliative Care Pandemic Pack to disseminate succinct and specific information, guidance, and resources designed to enable the rapid upskilling of nonspecialist clinicians needing to provide palliative care. It may be a useful tool for our SPCS colleagues to adapt as we face this global challenge collaboratively.

**Database:** Medline

1. **Characteristics, Symptom Management, and Outcomes of 101 Patients With COVID-19 Referred for Hospital Palliative Care.**

**Author(s):** Lovell, Natasha; Maddocks, Matthew; Etkind, Simon N; Taylor, Katie; Carey, Irene; Vora, Vandana; Marsh, Lynne; Higginson, Irene J; Prentice, Wendy; Edmonds, Polly; Sleeman, Katherine E

**Source:** Journal of Pain and Symptom Management; Jul 2020; vol. 60 (no. 1); p. e77

**Publication Type(s):** Journal Article

**PubMedID:** 32325167

Available at [Journal of pain and symptom management](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.jpainsymman.2020.04.015) - from ClinicalKey

Available at [Journal of pain and symptom management](https://doi.org/10.1016/j.jpainsymman.2020.04.015) - from Unpaywall

**Abstract:** Hospital palliative care is an essential part of the COVID-19 response but data are lacking. We identified symptom burden, management, response to treatment, and outcomes for a case series of 101 inpatients with confirmed COVID-19 referred to hospital palliative care. Patients (64 men, median [interquartile range {IQR}] age 82 [72-89] years, Elixhauser Comorbidity Index 6 [2-10], Australian-modified Karnofsky Performance Status 20 [10-20]) were most frequently referred for end-of-life care or symptom control. Median [IQR] days from hospital admission to referral was 4 [1-12] days. Most prevalent symptoms (n) were breathlessness (67), agitation (43), drowsiness (36), pain (23), and delirium (24). Fifty-eight patients were prescribed a subcutaneous infusion. Frequently used medicines (median [range] dose/24 hours) were opioids (morphine, 10 [5-30] mg; fentanyl, 100 [100-200] mcg; alfentanil, 500 [150-1000] mcg) and midazolam (10 [5-20] mg). Infusions were assessed as at least partially effective for 40/58 patients, while 13 patients died before review. Patients spent a median [IQR] of 2 [1-4] days under the palliative care team, who made 3 [2-5] contacts across patient, family, and clinicians. At March 30, 2020, 75 patients had died; 13 been discharged back to team, home, or hospice; and 13 continued to receive inpatient palliative care. Palliative care is an essential component to the COVID-19 response, and teams must rapidly adapt with new ways of working. Breathlessness and agitation are common but respond well to opioids and benzodiazepines. Availability of subcutaneous infusion pumps is essential. An international minimum data set for palliative care would accelerate finding answers to new questions as the COVID-19 pandemic develops.

**Database:** Medline

1. **End-of-life care in COVID-19: An audit of pharmacological management in hospital inpatients.**

**Author(s):** Jackson, Timothy; Hobson, Katie; Clare, Hannah; Weegmann, Daniel; Moloughney, Catherine; McManus, Sally

**Source:** Palliative Medicine; Jun 2020 ; p. 269216320935361

**Publication Type(s):** Journal Article

**PubMedID:** 32588748

Available at: <https://journals.sagepub.com/doi/pdf/10.1177/0269216320935361>

**Abstract:** BACKGROUND Hospital clinicians have had to rapidly develop expertise in managing the clinical manifestations of COVID-19 including symptoms common at the end of life, such as breathlessness and agitation. There is limited evidence exploring whether end-of-life symptom control in this group requires new or adapted guidance. AIM To review whether prescribing for symptom control in patients dying with COVID-19 adhered to existing local guidance or whether there was deviation which may represent a need for revised guidance or specialist support in particular patient groups. DESIGN/SETTINGA retrospective review of the electronic patient record of 61 hospital inpatients referred to the specialist palliative care team with swab-confirmed COVID-19 who subsequently died over a 1-month period. Intubated patients were excluded. RESULTS In all, 83% (40/48) of patients were prescribed opioids at a starting dose consistent with existing local guidelines. In seven of eight patients where higher doses were prescribed, this was on specialist palliative care team advice. Mean total opioid dose required in the last 24 h of life was 14 mg morphine subcutaneous equivalent, and mean total midazolam dose was 9.5 mg. For three patients in whom non-invasive ventilation was in place higher doses were used. CONCLUSION Prescription of end-of-life symptom control drugs for COVID-19 fell within the existing guidance when supported by specialist palliative care advice. While some patients may require increased doses, routine prescription of higher starting opioid and benzodiazepine doses beyond existing local guidance was not observed.

**Database:** Medline

1. **Non-steroidal anti-inflammatory drugs, pharmacology, and COVID-19 infection**

**Author(s):** Micallef J.; Soeiro T.; Jonville-Bera A.-P.

**Source:** Therapie; 2020

**Publication Type(s):** Short Survey

**PubMedID:** 32418728

Available at [Therapie](https://doi.org/10.1016/j.therap.2020.05.003) - from Unpaywall

**Abstract:** Non-steroidal anti-inflammatory drugs (NSAIDs) have an optional prescription status that has resulted in frequent use, in particular for the symptomatic treatment of fever and non-rheumatic pain. In 2019, a multi-source analysis of complementary pharmacological data showed that using NSAIDs in these indications (potentially indicative of an underlying infection) increases the risk of a severe bacterial complication, in particular in the case of lung infections. First, the clinical observations of the French Pharmacovigilance Network showed that severe bacterial infections can occur even after a short NSAID treatment, and even if the NSAID is associated with an antibiotic. Second, pharmacoepidemiological studies, some of which minimized the protopathic bias, all converged and confirmed the risk. Third, experimental in vitro and in vivo animal studies suggest several biological mechanisms, which strengthens a causal link beyond the well-known risk of delaying the care of the infection (immunomodulatory effects, effects on Streptococcus pyogenes infections, and reduced antibiotics efficacy). Therefore, in case of infection, symptomatic treatment with NSAIDs for non-severe symptoms (fever, pain, or myalgia) is not to be recommended, given a range of clinical and scientific arguments supporting an increased risk of severe bacterial complication. Besides, the existence of a safer drug alternative, with paracetamol at recommended doses, makes this recommendation of precaution and common sense even more legitimate. In 2020, such recommendation is more topical than ever with the emergence of COVID-19, especially since it results in fever, headaches, muscular pain, and cough, and is further complicated with pneumopathy, and given experimental data suggesting a link between ibuprofen and the level of expression of angiotensin-converting enzyme 2.Copyright © 2020 Societe francaise de pharmacologie et de therapeutique

**Database:** EMBASE

1. **A Dual-Center Observational Review of Hospital-Based Palliative Care in Patients Dying With COVID-19.**

**Author(s):** Turner, Jennifer; Eliot Hodgson, Luke; Leckie, Todd; Eade, Lisa; Ford-Dunn, Suzanne

**Source:** Journal of Pain and Symptom Management; May 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32387139

Available at [Journal of pain and symptom management](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.jpainsymman.2020.04.031) - from ClinicalKey

Available at [Journal of pain and symptom management](https://doi.org/10.1016/j.jpainsymman.2020.04.031) - from Unpaywall

**Abstract:** The current coronavirus disease 2019 (COVID-19) pandemic has put significant strain on all aspects of health care delivery, including palliative care services. Given the high mortality from this disease, particularly in the more vulnerable members of society, it is important to examine how best to deliver a high standard of end-of-life care during this crisis. This case series collected data from two acute hospitals examining the management of patients diagnosed with COVID-19 who subsequently died (n = 36) and compared this with national and local end-of-life audit data for all other deaths. Our results demonstrated a shorter dying phase (38.25 hours vs. 74 hours) and higher rates of syringe driver use (72% vs. 33% in local audits), although with similar average mediation doses. Of note was the significant heterogeneity in the phenotype of deterioration in the dying phase, two distinct patterns emerged, with one group demonstrating severe illness with a short interval between symptom onset and death and another group presenting with a more protracted deterioration. This brief report suggests a spectrum of mode of dying. Overall, the cohort reflects previously described experiences, with increased frailty (median Clinical Frailty Scale score of 5) and extensive comorbidity burden. This brief report provides clinicians with a contemporaneous overview of our experience, knowledge, and pattern recognition when caring for people with COVID-19 and highlights the value of proactive identification of patients and risk of deterioration and palliation.

**Database:** Medline

1. **Managing the supportive care needs of those affected by COVID-19.**

**Author(s):** Bajwah, Sabrina; Wilcock, Andrew; Towers, Richard; Costantini, Massimo; Bausewein, Claudia; Simon, Steffen T; Bendstrup, Elisabeth; Prentice, Wendy; Johnson, Miriam J; Currow, David C; Kreuter, Michael; Wells, Athol U; Birring, Surinder S; Edmonds, Polly; Higginson, Irene J

**Source:** The European Respiratory Journal; Apr 2020; vol. 55 (no. 4)

**Publication Type(s):** Editorial

**PubMedID:** 32269090

Available at [The European respiratory journal](https://erj.ersjournals.com/content/erj/55/4/2000815.full.pdf) - from Unpaywall

**Database:** Medline

1. **End-of-life care in the emergency department for the patient imminently dying of a highly transmissible acute respiratory infection (such as COVID-19).**

**Author(s):** Hendin, Ariel; La Rivière, Christian G; Williscroft, David M; O'Connor, Erin; Hughes, Jennifer; Fischer, Lisa M

**Source:** CJEM; Mar 2020 ; p. 1-4

**Publication Type(s):** Journal Article

**PubMedID:** 32213224

Available at [CJEM](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/5CFDE7F770C0B8A820C02E36E91D34D4/S1481803520003528a.pdf/div-class-title-end-of-life-care-in-the-emergency-department-for-the-patient-imminently-dying-of-a-highly-transmissible-acute-respiratory-infection-such-as-covid-19-div.pdf) - from Unpaywall

**Database:** Medline

**Results: Further Literature: General COVID-19 & EoLC**

1. **Compassionate Communication and End-of-Life Care for Critically Ill Patients with SARS-CoV-2 Infection.**

**Author(s):** Estella, Ángel

**Source:** The Journal of Clinical Ethics; 2020; vol. 31 (no. 2); p. 191-193

**Publication Type(s):** Journal Article

**PubMedID:** 32585665

Available at <http://www.clinicalethics.com/2020312191.pdf>

**Abstract:** Public health strategies recommend isolating patients with SARS-CoV-2 infection. But compassionate care in the intensive care unit (ICU) is an ethical obligation of modern medicine that cannot be justified by the risk of infection or the lack of personal protective equipment. This article describes the experiences of clinicians in ICUs in the south of Spain promoted by the Andalusian Society of Intensive Care SAMIUC, in the hope it will serve to improve the conditions in which these patients die, and to help their families who suffer when they cannot say good-bye to their loved ones. In the south of Spain, healthcare professionals use daily videoconferencing to improve communication between clinicians, patients, and their relatives who cannot visit them in the ICU. This close communication allows families to see their loved ones and extends communication between healthcare professionals, patients, and their relatives. To allow family members to accompany patients at the end of life, it is possible to adapt public health rules to the epidemic situation.

**Database:** Medline

1. **A case for palliative dermatology: COVID-19-related dermatoses**

**Author(s):** Ho B.; Ray A.

**Source:** Clinics in Dermatology; 2020

**Publication Type(s):** Article

Available at [Clinics in Dermatology](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.clindermatol.2020.06.001) - from ClinicalKey

Available at [Clinics in Dermatology](https://doi.org/10.1016/j.clindermatol.2020.06.001) - from Unpaywall

**Abstract:** The unprecedented coronavirus disease 2019 (COVID-19) pandemic has challenged health care systems in different ways. In the United Kingdom, various subspecialties are deployed to the wards to help medical workforce in the frontlines, with dermatologists helping with general medical wards and on-calls. We present a case of COVID-19-related urticaria manifesting in a palliative setting and responding well to systemic antihistamine. This pandemic has highlighted a new subspecialty that should be explored and researched-palliative dermatology-bridging elements of dermatology with the concepts of palliative medicine. As dermatologists, we should be in the position to help with the last stages of a patient's journey. Copyright © 2020 Elsevier Inc.

**Database:** EMBASE

1. **The Role and Response of Palliative Care and Hospice Services in Epidemics and Pandemics: A Rapid Review to Inform Practice During the COVID-19 Pandemic**

**Author(s):** Etkind S.N.; Bone A.E.; Lovell N.; Cripps R.L.; Harding R.; Higginson I.J.; Sleeman K.E.

**Source:** Journal of Pain and Symptom Management; 2020

**Publication Type(s):** Review

**PubMedID:** 32278097

Available at [Journal of pain and symptom management](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.jpainsymman.2020.03.029) - from ClinicalKey

Available at [Journal of pain and symptom management](https://doi.org/10.1016/j.jpainsymman.2020.03.029) - from Unpaywall

**Abstract:** Cases of coronavirus disease 2019 (COVID-19) are escalating rapidly across the globe, with the mortality risk being especially high among those with existing illness and multimorbidity. This study aimed to synthesize evidence for the role and response of palliative care and hospice teams to viral epidemics/pandemics and inform the COVID-19 pandemic response. We conducted a rapid systematic review according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines in five databases. Of 3094 articles identified, 10 were included in this narrative synthesis. Included studies were from West Africa, Taiwan, Hong Kong, Singapore, the U.S., and Italy. All had an observational design. Findings were synthesized using a previously proposed framework according to systems (policies, training and protocols, communication and coordination, and data), staff (deployment, skill mix, and resilience), space (community provision and use of technology), and stuff (medicines and equipment as well as personal protective equipment). We conclude that hospice and palliative services have an essential role in the response to COVID-19 by responding rapidly and flexibly; ensuring protocols for symptom management are available, and training nonspecialists in their use; being involved in triage; considering shifting resources into the community; considering redeploying volunteers to provide psychosocial and bereavement care; facilitating camaraderie among staff and adopting measures to deal with stress; using technology to communicate with patients and carers; and adopting standardized data collection systems to inform operational changes and improve care. Copyright © 2020

**Database:** EMBASE

1. **Rapid De-Escalation and Triaging Patients in Community-Based Palliative Care**

**Author(s):** Tran D.L.; Wong A.Y.; McKenna M.C.; Lai S.R.; Salah R.Y.; Bryon J.N.; Chan Y.K.

**Source:** Journal of Pain and Symptom Management; 2020

**Publication Type(s):** Article

**PubMedID:** 32276099

Available at [Journal of pain and symptom management](https://auth.elsevier.com/ShibAuth/institutionLogin?entityID=https://idp.eng.nhs.uk/openathens&appReturnURL=https%3A%2F%2Fwww.clinicalkey.com%2Fcontent%2FplayBy%2Fdoi%2F%3Fv%3D10.1016%2Fj.jpainsymman.2020.03.040) - from ClinicalKey

Available at [Journal of pain and symptom management](https://doi.org/10.1016/j.jpainsymman.2020.03.040) - from Unpaywall

**Abstract:** Context: The coronavirus disease 2019 (COVID-19) pandemic created a rapid and unprecedented shift in our medical system. Medical providers, teams, and organizations have needed to shift their visits away from face-to-face visits and toward telehealth (both by phone and through video). Palliative care teams who practice in the community setting are faced with a difficult task: How do we actively triage the most urgent visits while keeping our vulnerable patients safe from the pandemic? Measures: The following are recommendations created by the Palo Alto Medical Foundation Palliative Care and Support Services team to help triage and coordinate for timely, safe, and effective palliative care in the community and outpatient setting during the ongoing COVID-19 pandemic. Patients are initially triaged based on location followed by acuity. Interdisciplinary care is implemented using strict infection control guidelines in the setting of limited personal protective equipment resources. We implement thorough screening for COVID-19 symptoms at multiple levels before a patient is seen by a designated provider. Conclusions/Lessons Learned: We recommend active triaging, communication, and frequent screening for COVID-19 symptoms for palliative care patients been evaluated in the community setting. An understanding of infection risk, mutual consent between designated providers, patients, and their families are crucial to maintaining safety while delivering community-based palliative care during the COVID-19 pandemic. Copyright © 2020 American Academy of Hospice and Palliative Medicine

**Database:** EMBASE

1. **Administration of end-of-life drugs by family caregivers during covid-19: opportunity for future home prescribing plans.**

**Author(s):** Julião, Miguel

**Source:** BMJ (Clinical Research Ed.); Jun 2020; vol. 369 ; p. m2408

**Publication Type(s):** Letter Comment

**PubMedID:** 32554622

Available at [BMJ (Clinical research ed.)](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fwww.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fbmj.m2408) - from BMJ Journals - NHS

Available at [BMJ (Clinical research ed.)](https://www.bmj.com/content/bmj/369/bmj.m2408.full.pdf) - from Unpaywall

**Database:** Medline

1. **Anticipatory prescribing in community end-of-life care in the UK and Ireland during the COVID-19 pandemic: online survey.**

**Author(s):** Antunes, Bárbara; Bowers, Ben; Winterburn, Isaac; Kelly, Michael P; Brodrick, Robert; Pollock, Kristian; Majumder, Megha; Spathis, Anna; Lawrie, Iain; George, Rob; Ryan, Richella; Barclay, Stephen

**Source:** BMJ Supportive & Palliative Care; Jun 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32546559

Available at [BMJ supportive & palliative care](https://spcare.bmj.com/lookup/doi/10.1136/bmjspcare-2020-002394) - from BMJ Journals

Available at [BMJ supportive & palliative care](https://spcare.bmj.com/content/bmjspcare/early/2020/06/15/bmjspcare-2020-002394.full.pdf) - from Unpaywall

**Abstract:** BACKGROUND Anticipatory prescribing (AP) of injectable medications in advance of clinical need is established practice in community end-of-life care. Changes to prescribing guidelines and practice have been reported during the COVID-19 pandemic. AIMS AND OBJECTIVES To investigate UK and Ireland clinicians' experiences concerning changes in AP during the COVID-19 pandemic and their recommendations for change. METHODS Online survey of participants at previous AP national workshops, members of the Association for Palliative Medicine of Great Britain and Ireland and other professional organisations, with snowball sampling. RESULTS Two hundred and sixty-one replies were received between 9 and 19 April 2020 from clinicians in community, hospice and hospital settings across all areas of the UK and Ireland. Changes to AP local guidance and practice were reported: route of administration (47%), drugs prescribed (38%), total quantities prescribed (35%), doses and ranges (29%). Concerns over shortages of nurses and doctors to administer subcutaneous injections led 37% to consider drug administration by family or social caregivers, often by buccal, sublingual and transdermal routes. Clinical contact and patient assessment were more often remote via telephone or video (63%). Recommendations for regulatory changes to permit drug repurposing and easier community access were made. CONCLUSIONS The challenges of the COVID-19 pandemic for UK community palliative care has stimulated rapid innovation in AP. The extent to which these are implemented and their clinical efficacy need further examination.

**Database:** Medline

1. **COVID-19 and the elderly: insights into pathogenesis and clinical decision-making.**

**Author(s):** Perrotta, Fabio; Corbi, Graziamaria; Mazzeo, Grazia; Boccia, Matilde; Aronne, Luigi; D'Agnano, Vito; Komici, Klara; Mazzarella, Gennaro; Parrella, Roberto; Bianco, Andrea

**Source:** Aging Clinical and Experimental Research; Jun 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32557332

Available at [Aging clinical and experimental research](https://link.springer.com/content/pdf/10.1007/s40520-020-01631-y.pdf) - from Unpaywall

**Abstract:** The elderly may represent a specific cluster of high-risk patients for developing COVID-19 with rapidly progressive clinical deterioration. Indeed, in older individuals, immunosenescence and comorbid disorders are more likely to promote viral-induced cytokine storm resulting in life-threatening respiratory failure and multisystemic involvement. Early diagnosis and individualized therapeutic management should be developed for elderly subjects based on personal medical history and polypharmacotherapy. Our review examines the pathogenesis and clinical implications of ageing in COVID-19 patients; finally, we discuss the evidence and controversies in the management in the long-stay residential care homes and aspects of end-of-life care for elderly patients with COVID-19.

**Database:** Medline

1. **End-of-life decisions and care in the midst of a global coronavirus (COVID-19) pandemic.**

**Author(s):** Pattison, Natalie

**Source:** Intensive & Critical Care Nursing; Jun 2020; vol. 58 ; p. 102862

**Publication Type(s):** Editorial

**PubMedID:** 32280052

Available at [Intensive & critical care nursing](https://doi.org/10.1016/j.iccn.2020.102862) - from Unpaywall

**Database:** Medline

1. **Symptom management and end-of-life care of residents with COVID-19 in long-term care homes.**

**Author(s):** Khosravani, Houman; Steinberg, Leah; Incardona, Nadia; Quail, Patrick; Perri, Giulia-Anna

**Source:** Canadian family physician Medecin de famille canadien; Jun 2020; vol. 66 (no. 6); p. 404-406

**Publication Type(s):** Journal Article

**PubMedID:** 32532719

Available at [Canadian family physician Medecin de famille canadien](http://search.ebscohost.com/login.aspx?direct=true&scope=site&site=ehost-live&db=mdc&AN=32532719) - from EBSCO (MEDLINE Complete)

**Database:** Medline

1. **Systems Barriers to Assessment and Treatment of COVID-19 Positive Patients at the End of Life.**

**Author(s):** Pahuja, Meera; Wojcikewych, Devon

**Source:** Journal of Palliative Medicine; May 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32384004

Available at [Journal of palliative medicine](https://www.liebertpub.com/doi/pdf/10.1089/jpm.2020.0190) - from Unpaywall

**Abstract:** The Novel Coronavirus SARS-CoV-2 (COVID-19) pandemic is changing how we deliver expert palliative care. We can expect many to die prematurely secondary to COVID-19 across the United States. We present a case of how several hospital systems-based interventions, intended to slow viral spread and to protect health care workers, have inadvertently created barriers to routine palliative interventions in this patient population. Isolation of patients, limitation of visitors and interdisciplinary support, and changes in nursing and provider assessment have all had their impact on how we deliver palliative care. These barriers have altered many aspects of our established workflow and algorithms for care, including changes in communication, goals of care discussions, how providers and nurses are monitoring for symptoms, and end-of-life monitoring. These challenges required real-time solutions such as technology utilization, proposing a change in medical delivery systems, and reducing redundancy to preserve personal protective equipment. To continue to deliver quality care for this patient population, palliative medicine must adapt quickly.

**Database:** Medline

1. **Dying during Covid-19.**

**Author(s):** Moore, Bryanna

**Source:** The Hastings Center Report; May 2020; vol. 50 (no. 3); p. 13-15

**Publication Type(s):** Journal Article

**PubMedID:** 32596910

**Abstract:** I had been on the phone with Madeleine's mother for fifteen minutes, and she had sobbed throughout. She pleaded with me, "You won't even let our family visit her together. If you really want to help my daughter, you will let us stay with her." Madeleine, who was twenty-four years old, was dying of end-stage acute myeloid leukemia and was intubated in one of our intensive care units. Her intensivist had requested a clinical ethics consultation for potentially inappropriate medical treatment-in my world of clinical ethics consultation, routine stuff. Except that, in March 2020, nothing was routine anymore. The Covid-19 pandemic calls for creative thinking about ad hoc and post hoc bereavement efforts, and it may result in efforts to revise existing accounts of what constitutes a good death in order to accommodate patients' and families' experiences at the end of life during a pandemic.

**Database:** Medline

1. **Coronavirus Disease 2019 in Geriatrics and Long-Term Care: The ABCDs of COVID-19**

**Author(s):** D'Adamo H.; Yoshikawa T.; Ouslander J.G.

**Source:** Journal of the American Geriatrics SocietyJournal of the American Geriatrics Society; May 2020; vol. 68 (no. 5); p. 912-917

**Publication Type(s):** Article

**PubMedID:** 32212386

Available at [Journal of the American Geriatrics Society](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fonlinelibrary.wiley.com%2Fdoi%2Ffull%2F10.1111%2Fjgs.16445) - from Wiley Online Library Medicine and Nursing Collection 2019 - NHS

Available at [Journal of the American Geriatrics Society](https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/jgs.16445) - from Unpaywall

**Abstract:** The pandemic of coronavirus disease of 2019 (COVID-19) is having a global impact unseen since the 1918 worldwide influenza epidemic. All aspects of life have changed dramatically for now. The group most susceptible to COVID-19 are older adults and those with chronic underlying medical disorders. The population residing in long-term care facilities generally are those who are both old and have multiple comorbidities. In this article we provide information, insights, and recommended approaches to COVID-19 in the long-term facility setting. Because the situation is fluid and changing rapidly, readers are encouraged to access frequently the resources cited in this article. J Am Geriatr Soc 68:912-917, 2020.Copyright © 2020 The American Geriatrics Society

**Database:** EMBASE

1. **Providing quality end-of-life care to older people in the era of COVID-19: perspectives from five countries.**

**Author(s):** Lapid, Maria I; Koopmans, Raymond; Sampson, Elizabeth L; Van den Block, Lieve; Peisah, Carmelle

**Source:** International Psychogeriatrics; May 2020 ; p. 1-8

**Publication Type(s):** Journal Article

**PubMedID:** 32389141

Available at [International psychogeriatrics](https://www.cambridge.org/core/services/aop-cambridge-core/content/view/1FFFD74F9DF9DA31FF51BC3EDE76E281/S1041610220000836a.pdf/div-class-title-providing-quality-end-of-life-care-to-older-people-in-the-era-of-covid-19-perspectives-from-five-countries-div.pdf) - from Unpaywall

**Database:** Medline

1. **End-of-life care in patients with a highly transmissible respiratory virus: implications for COVID-19.**

**Author(s):** Mottiar, Miriam; Hendin, Ariel; Fischer, Lisa; Roze des Ordons, Amanda; Hartwick, Michael

**Source:** Canadian Journal of Anaesthesia = Journal Canadien d'Anesthesie; May 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32394338

Available at [Canadian journal of anaesthesia = Journal canadien d'anesthesie](https://link.springer.com/content/pdf/10.1007/s12630-020-01699-0.pdf) - from Unpaywall

**Abstract:** Symptom management and end-of-life care are core skills for all physicians, although in ordinary times many anesthesiologists have fewer occasions to use these skills. The current coronavirus disease (COVID-19) pandemic has caused significant mortality over a short time and has necessitated an increase in provision of both critical care and palliative care. For anesthesiologists deployed to units caring for patients with COVID-19, this narrative review provides guidance on conducting goals of care discussions, withdrawing life-sustaining measures, and managing distressing symptoms.

**Database:** Medline

1. **Essential Case Management Practices Amidst the Novel Coronavirus Disease 2019 (COVID-19) Crisis: Part 2: End-of-Life Care, Workers' Compensation Case Management, Legal and Ethical Obligations, Remote Practice, and Resilience.**

**Author(s):** Tahan, Hussein M

**Source:** Professional Case Management; May 2020

**Publication Type(s):** Journal Article

**PubMedID:** 32452940

Available at [Professional case management](https://journals.lww.com/professionalcasemanagementjournal/Abstract/9000/Essential_Case_Management_Practices_Amidst_the.99987.aspx) - from Unpaywall

**Abstract:** OBJECTIVES This is the second of a 2-part article that discusses essential case management practices and strategies amidst the novel coronavirus disease 2019 (COVID-19). The series showcases the potential professional case managers have in support of managing during a crisis such as a global pandemic. Part II continues to describe reenvisioned roles and responsibilities of case managers and their leaders to meet the needs of patients/support systems during the crisis. It focuses on the increased need for end-of-life care, impact on workers' compensation case management practice, and the self-care needs of the professional case manager. PRIMARY PRACTICE SETTINGS Applicable to the various case management practice settings across the continuum of health and human services, with special focus on acute care. FINDINGS/CONCLUSIONS The COVID-19 global pandemic has resulted in a crisis case managers and other health care professionals never faced something like it before. At the same time, it has provided opportunities for innovation and creativity including use of digital and telecommunication technology in new ways to ensure the continued delivery of health and human services to those who need them regardless of location. It has also resulted in the development of necessary and impactful partnerships within and across different health care organizations and diverse professional disciplines. Most importantly, this pandemic has required special attention to the increased need of patients for timely palliative and end-of-life care. In addition, it has prompted a focus on the safety, health, and well-being of case managers and other health care professionals, resulting in expanded workers' compensation case management practice coupled with the need for self-care and resilience. IMPLICATIONS FOR CASE MANAGEMENT PRACTICE Professional case managers are integral members of interprofessional health care teams. Their roles and responsibilities are even more necessary during the uncertainty of a global pandemic such as COVID-19. So far, the experience of this crisis has resulted in a deliberate need to ensure the safety of both, those who are the recipients of health care services and those who are responsible for the provision of care. Self-care and resilience of health care professionals and case managers, especially due to the complex dynamics of the COVID-19 pandemic, have advanced a desirable and necessary view of remote/virtual practice and as a strategy for enhancing the person's health and well-being. This pandemic has forced the development of impactful partnerships and collaborations among the diverse contexts of health care organizations and support service providers. These contexts of care delivery have also emphasized the necessary legal and ethical practice of case managers and the other involved parties. Experts agree that the innovative care delivery methods practiced during the pandemic will undoubtedly remain as desirable beyond the current crisis period.

**Database:** Medline

1. **Symptom burden and clinical profile of COVID-19 deaths: a rapid systematic review and evidence summary.**

**Author(s):** Keeley, Paul; Buchanan, Deans; Carolan, Clare; Pivodic, Lara; Tavabie, Simon; Noble, Simon

**Source:** BMJ Supportive & Palliative Care; May 2020

**Publication Type(s):** Journal Article Review

**PubMedID:** 32467101

Available at [BMJ supportive & palliative care](https://spcare.bmj.com/lookup/doi/10.1136/bmjspcare-2020-002368) - from BMJ Journals

Available at [BMJ supportive & palliative care](https://spcare.bmj.com/content/bmjspcare/early/2020/06/11/bmjspcare-2020-002368.full.pdf) - from Unpaywall

**Abstract:** The spread of pandemic COVID-19 has created unprecedented need for information. The pandemic is the cause of significant mortality and with this the need for rapidly disseminated information for palliative care professionals regarding the prevalence of symptoms, their intensity, their resistance or susceptibility to symptom control and the mode of death for patients. METHODS We undertook a systematic review of published evidence for symptoms in patients with COVID-19 (with a specific emphasis on symptoms at end of life) and on modes of death. Inclusion: prospective or retrospective studies detailing symptom presence and/or cause or mode of death from COVID-19.RESULTS12 papers met the inclusion criteria and gave details of symptom burden: four of these specifically in the dying and two detailed the cause or mode of death. Cough, breathlessness, fatigue and myalgia are significant symptoms in people hospitalised with COVID-19. Dyspnoea is the most significant symptom in the dying. The mode of death was described in two papers and is predominantly through respiratory or heart failure. CONCLUSIONS There remains a dearth of information regarding symptom burden and mode of death to inform decisions regarding end-of-life care in patients dying with COVID-19. Rapid data gathering on the mode of death and the profile of symptoms in the dying and their prevalence and severity in areas where COVID-19 is prevalent will provide important intelligence for clinicians. This should be done urgently, within ethical norms and the practicalities of a public health, clinical and logistical emergency.

**Database:** Medline

1. **Administration of end-of-life drugs by family caregivers during covid-19 pandemic.**

**Author(s):** Bowers, Ben; Pollock, Kristian; Barclay, Stephen

**Source:** BMJ (Clinical Research Ed.); Apr 2020; vol. 369 ; p. m1615

**Publication Type(s):** Editorial

**PubMedID:** 32332027

Available at [BMJ (Clinical research ed.)](https://go.openathens.net/redirector/nhs?url=https%3A%2F%2Fwww.bmj.com%2Flookup%2Fdoi%2F10.1136%2Fbmj.m1615) - from BMJ Journals - NHS

Available at [BMJ (Clinical research ed.)](https://www.bmj.com/content/bmj/369/bmj.m1615.full.pdf) - from Unpaywall

**Database:** Medline

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**Sources searched:**

* + **Evidence-Based/Point of Care:** Cochrane Library, BMJ Best Practice, UpToDate, DynaMed.
  + **Guidelines:** NICE guidelines and selected international guidance.
  + **Healthcare Databases:** MEDLINE, EMBASE, PubMed, NICE Evidence.
  + **Other:** Google Scholar, LitCovid, MedRxiv, WHO Coronavirus database.

**Local Guidance:** Local guidance has not been searched as part of this literature search. However, local guidelines, policies and procedures are available via the red button on the intranet.

**Search Terms:**

|  |  |
| --- | --- |
| ***Subject Headings*** | ***Free Text Words*** |
| Coronavirus Infection | 2019nCoV |
| Coronavirus Infections | 2019-nCoV |
| Palliative Care | Covid |
| Palliative Therapy | COVID-19 |
| Terminal Care | “Corona virus” |
|  | Coronavirus |
|  | Dose\* |
|  | Drug\* |
|  | End of life |
|  | “End of life” |
|  | EOLC |
|  | Medic\* |
|  | nCOV |
|  | “novel CoV” |
|  | “novel coronavirus” |
|  | Pharmacolog\* |
|  | SARSCoV2 |
|  | SARS-CoV-2 |

**Search Limits:** English language.

**Search History/Example:**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Database** | **Search term** | **Results** |
| 1 | Medline | COVID-19 OR coronavirus OR "Corona virus" OR 2019-nCoV OR "novel CoV" OR "novel coronavirus" OR SARS-CoV-2 OR sarscov2 OR 2019nCoV OR (nCOV).ti,ab | 41418 |
| 2 | Medline | exp "CORONAVIRUS INFECTIONS"/ | 18831 |
| 3 | Medline | (1 OR 2) | 44845 |
| 4 | Medline | ("end of life" OR eolc).ti,ab | 21991 |
| 5 | Medline | exp "PALLIATIVE CARE"/ | 53744 |
| 6 | Medline | exp "TERMINAL CARE"/ | 51008 |
| 7 | Medline | (4 OR 5 OR 6) | 102284 |
| 8 | Medline | (3 AND 7) | 97 |
| 9 | Medline | (medic\* OR drug\* OR dose\* OR pharmacolog\*).ti,ab | 4408391 |
| 10 | Medline | (8 AND 9) | 28 |
| 11 | Medline | (End-of-life care in COVID-19 An audit of pharmacological management in hospital inpatients).ti,ab | 1 |
| 12 | EMBASE | COVID-19 OR coronavirus OR "Corona virus" OR 2019-nCoV OR "novel CoV" OR "novel coronavirus" OR SARS-CoV-2 OR sarscov2 OR 2019nCoV OR (nCOV).ti,ab | 44939 |
| 13 | EMBASE | ("end of life" OR eolc).ti,ab | 32631 |
| 14 | EMBASE | exp "CORONAVIRUS INFECTION"/ | 15274 |
| 15 | EMBASE | exp "TERMINAL CARE"/ | 68596 |
| 16 | EMBASE | exp "PALLIATIVE THERAPY"/ | 109763 |
| 17 | EMBASE | (12 OR 14) | 50344 |
| 18 | EMBASE | (13 OR 15 OR 16) | 169301 |
| 19 | EMBASE | (17 AND 18) | 302 |
| 20 | EMBASE | (medic\* OR drug\* OR dose\* OR pharmacolog\*).ti,ab | 6299072 |
| 21 | EMBASE | "CORONAVIRUS INFECTION"/dt | 529 |
| 22 | EMBASE | (13 AND 21) | 0 |
| 23 | EMBASE | (19 AND 20) | 86 |

**Search Date:** 03-07/07/2020

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