### Fever management (COVID-19) in palliative care

The following guidance relates to management of fever in the context of **suspected or confirmed COVID-19 infection in adults**. Standard treatment of fever would include non-steroidal anti-inflammatory drugs (NSAIDs), but there are initial reports that this may worsen the infection via an unknown mechanism. A review of the available evidence is being undertaken by NICE, therefore this guidance may be subject to change.

#### Non-pharmacological management

**DO:**
- Reduce room temperature
- 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

**DO NOT:**
- Use handheld fans if the patient is suspected or confirmed to have COVID-19 as this is theorised to facilitate transmission and cross infection

#### Pharmacological management

**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

**DO NOT ROUTINELY OFFER NSAIDS IN FEVER MANAGEMENT, UNTIL FURTHER GUIDANCE IS ISSUED**

**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)

**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 has been ineffective:

**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)