



Non-pharmacological management of symptoms for patients with COVID-19



COUGH

- Always remember cough hygiene: Catch It, Bin It, Kill It.
- Humidify room air.
- Sip oral fluids.
- Try drinking warm water with honey & lemon.
- Suck cough drops or boiled sweets.
- Elevate the head & chest when sleeping.
- Avoid smoking or vaping.
- Avoid strong perfumes or fragrances eg. air fresheners, incense, etc.

FEVER

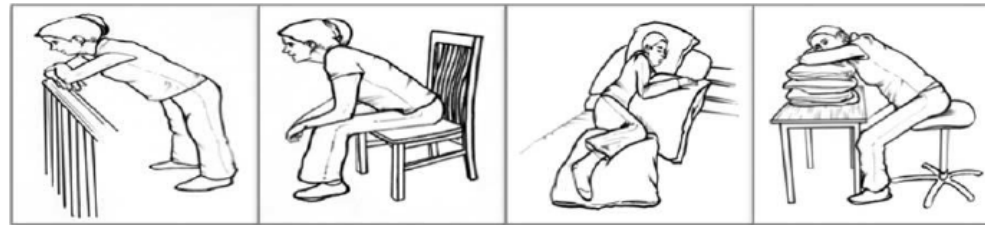
- Reduce room temperature.
- Wear loose clothing.
- Cool the face using a cool flannel or cloth.
- Encourage oral fluids.
- Avoid alcohol.
- Portable fans are not recommended in clinical areas during outbreaks of infection as they have been linked to cross-contamination.

BREATHLESSNESS

- Positioning: Try sitting up-right, let shoulders droop, keep head up, lean forward.
- Relaxation techniques: Try mindfulness, meditation or listening to music.
- Reduce room temperature.
- Cool the face using a cool flannel or cloth.
- Portable fans are not recommended in clinical areas.

DELIRIUM

- Identify and manage the possible underlying cause or combination of causes.
- Ensure effective communication and re-orientation: Explain where the person is, who they are and what your role is.
- Provide reassurance to those with delirium.
- If possible, involve family, friends and carers to help with this.
- If possible, ensure that the person is cared for by a team of healthcare professionals who they are familiar with.
- Avoid moving people within and between wards or rooms unless absolutely necessary.



Forward lean 1

Forward lean 2

Adapted forward lean for lying

Adapted forward lean for sitting

For further symptom management, including pharmacological interventions and end of life care guidance, please see **Microguide**.

BSUH Specialist Palliative Care Team can be contacted for advice on Bleep 8420 / 6105 (9am-5pm, Monday-Friday).

For advice out of hours contact:

RSCH: Martlets Hospice (01273 964164)

PRH: St Peter & St James' Hospice (01444 471598)

"The role of palliative and end of life care in the time of COVID-19 is to keep the "care" in healthcare, even as systems, patients, and providers are under siege." (Ballentine, 2020).