

The Management of Restlessness and Agitation in the Last Few Days of Life

Is the patient restless or agitated ?

A human presence often helps to calm agitated patients

No

Yes

Prescribe in anticipation of the symptom developing:

- Midazolam 2.5-5mg by subcutaneous injection as required

If symptom develops, follow guidelines for a patient who is restless or agitated

Consider underlying causes:

- Uncontrolled pain
- Full bladder
- Full rectum
- Dyspnoea
- Anxiety and fear and resolve where possible

If the patient's distress cannot otherwise be relieved

Where anguish and anxiety are predominant:

- Give midazolam 2.5-5mg stat and as required by subcutaneous injection (this may need to be repeated after 30 minutes)
- If two or more doses have been given in 24 hours, consider starting a subcutaneous infusion of 5-10mg midazolam via a syringe driver over 24 hours
- The subcutaneous infusion dose may need to be increased gradually to midazolam 30mg via syringe driver over 24 hours

Where delirium and psychotic features are predominant (e.g. hallucinations, confusion):

- Give haloperidol 5mg stat and 2.5-5mg haloperidol as required by subcutaneous injection up to a maximum total daily dose of 10mg. Consider giving haloperidol via a subcutaneous infusion over 24 hours
- Consider a subcutaneous infusion of haloperidol 10mg **and** midazolam 10mg via a syringe driver over 24 hours if required
- Levomepromazine 12.5-25mg stat by subcutaneous injection is an alternative to haloperidol. Consider a subcutaneous infusion of 12.5-50mg via syringe driver over 24 hours if required

Supportive Information
 If symptoms persist for more than 24hours or for further advice, contact Cynthia Spencer Hospice (01604) 678031 or Cransley Hospice (01536) 494605