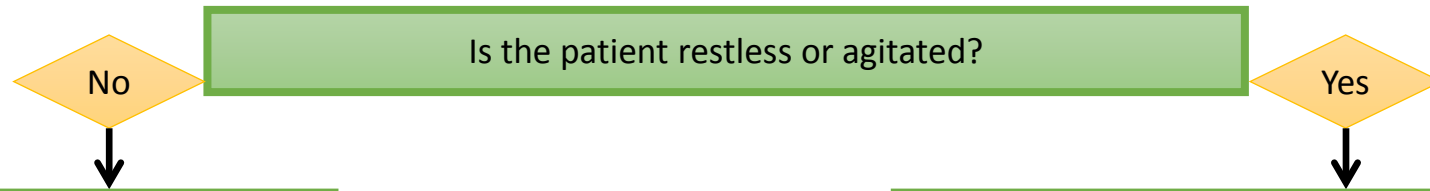


# The management of agitation and restlessness in the last days of life



## Prescribe in anticipation of the symptom developing:

- For agitation (anxiety): Midazolam 2.5 or 5mg SC PRN up to 2 hourly
- For agitation (delirium): Haloperidol 2.5mg SC PRN up to 4 hourly

## Consider and resolve where possible any underlying causes such as:

- Uncontrolled pain
- Full bladder
- Full rectum
- Breathlessness
- Anxiety and fear

## If the patient's distress cannot be otherwise relieved:

1. If **delirium** and psychotic features are predominant (e.g. hallucinations, confusion, restlessness),
  - Give haloperidol 2.5mg SC PRN up to 4 hourly.
  - If two or more PRN doses of medication are given with effect in 24 hours, consider using the medication via CSCI over 24 hours.
  - Levomepromazine 6.25 or 12.5mg SC PRN up to 6 hourly is an alternative to haloperidol.  
*If symptoms persist, contact the SPCT for advice. In certain circumstances, the SPCT may advise larger doses than the ones stated above.*
2. Where **anguish and anxiety** are prominent,
  - Give midazolam 2.5 or 5mg SC PRN up to 2 hourly.
  - If two or more PRN doses of midazolam are given with effect in 24 hours, consider using midazolam 10mg via CSCI over 24 hours.
  - The CSCI dose of midazolam may need to be increased gradually up to 30mg over 24 hours.  
*If symptoms persist, contact the SPCT for advice. In certain circumstances, the SPCT may advise larger doses than the ones stated above.*

### Note:

Terminal agitation is often a feature of hyperactive delirium and therefore antipsychotics are commonly used first line, either alone or in combination with a benzodiazepine.