Restlessness/Agitation in the last days of life

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Terminal Restlessness

- Specific form of delirium seen in the last hours, days and sometimes weeks of life

- Causes restlessness, agitation and confusion

- Prevalance - 25-85% of terminally ill (Brajtman, 2005)

- Distressing for patient family and caregivers impacting on bereavement
Assessment and causes

- Consider cause of restlessness and reverse if possible

- 50% of cases a precise cause cannot be identified—often multifactorial

- Exacerbated by shut down of the body systems

- Assessment relies on history taking and clinical examination (rather than investigations)
Signs

- Restlessness/Fidgeting
- Purposeless movements
- Tossing and turning
- Trying to get out of bed
- Moaning
- Grimacing
- Jerking
- Twitching
- Myoclonus
- Confusion
- Picking at sheets
- Cognitive impairment
- Aggression

Symptoms

- Irritability
- Anxiety
- Unease
- Distress
- Inattention
- Hallucinations
- Paranoia

(White et al, 2007)
Causes

- Drug toxicity (opioids, anticholinergics, benzodiazepines)
- Metabolic change (dehydration, hypoxia)
- Physical discomfort
- Nicotine/alcohol withdrawal
- Medication withdrawal
- Distended bladder
- Full bowel
- Unrelieved pain
- Unresolved issues, fear of dying, concern for family
- Spiritual distress
Non-Pharmacological Management

- Involvement and explanation to patient/family
- Acknowledge and address family concerns
- Ensure patient safety - (low bed, sensor mat)
- Low stimulus environment
- Reassurance, gentle touch
- Check bowels/bladder
- Comfort measures - change of position
- Spiritual and cultural support - appropriate to the patients beliefs
TERMINAL RESTLESSNESS AND AGITATION

PRESENT

- Exclude pain
- Exclude urinary retention
- Consider spiritual distress

1. Prescribe & administer Midazolam 2.5 – 10 mgs s/c prn 4 hrly (lower dose for age & frailty)

2. Continue to give PRN dosage as symptom occurs; if 3 or more doses are required in 24 hours, consider a syringe driver

3. Review and assess, consider initiating a syringe driver using the total required dose over the previous 24 hrs as a guide to dosage.

4. If restlessness & agitation persist, contact your Specialist Palliative Care Service for further advice.

ABSENT

1. Prescribe Midazolam 2.5 – 10 mgs s/c prn 4 hrly.

Anticipatory prescribing will ensure that there is no delay in responding to a symptom if it occurs.

If restlessness and agitation occur change to symptom "Present" guide.

NB:
S/C (Subcutaneous)
PRN (as required)
Pharmacological Management

- Midazolam 2.5mg-10mg prn
- Start low go slow
- If 3 or more doses required in 24 hours consider syringe driver (5-15mg initially) titrate up to 30mg/day.
- Benzodiazepines mainstay treatment for anxiety and emotional distress & alcohol withdrawal
- Benzodiazepines are sedating- important to discuss with family
- If symptoms continue- seek specialist advice
- Levomepromazine can be used in combination with midazolam for agitated delirium or paranoia
Support for family

“If they hadn’t given him those medications he would have been with us, he would have spoken to us, and he wouldn’t be like that. He was receiving such a high dose that he was simply not conscious, it was as if he had received a general anaesthetic.”

“It was very, very difficult for me that she wasn’t able to communicate, I saw that she heard, that there were reactions, but it was very hard for me. I was always trying to talk.” (Brajtman, 2005)
References

Brajtman, S (2005). Helping the family through the experience of terminal restlessness. *Journal of Hospice and Palliative Nursing.* 7(2), 73-81