TERMINAL RESTLESSNESS & AGITATION PRESENT ABSENT 1. Prescribe midazolam 2.5 - 10 Exclude pain mgs subcut PRN 4 hrly. Exclude urinary retention Consider spiritual distress Refer to Assessment and Care Management of Restlessness and Agitation in the Dying Patient 1. Prescribe & administer midazolam If restlessness and agitation occur 2.5-10 mgs subcut PRN 4 hrly (lower dose for age & frailty). change to symptom "Present" guide. 2. Continue to give PRN doses; if 3 or more doses are required in 24 hours, go to Step 3. 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, NB: contact your Specialist Palliative Care subcut (subcutaneous) Service for further advice. PRN (as required)

Supporting Information

- The management of agitation and restlessness does not usually require the use of opioids unless the agitation and restlessness is thought to be caused by pain.
- Review drug, dose, frequency for patients elderly, frail, have dementia or renal failure. Start with lower doses and increase slowly as required.

Please note: If you require further advice at any time 24hrs a day please contact Arohanui Hospice – (06) 356 6606.

Palmerston North Hospital inpatients contact the hospital palliative care service Monday – Friday 8am – 5pm.