

Palliation of Restlessness and Confusion

1 The threshold for discomfort and disorientation is lowered in cachectic or anxious patients



MAKE ENVIRONMENT STABLE SAFE AND COMFORTABLE
by

- Soft light
- Quiet surroundings
- Familiar faces
- Explanation

2 A problem solving approach is essential



HAS A CAUSE BEEN IDENTIFIED

- DRUGS e.g. opioids, steroids, neuroleptics, alcohol (intoxication and withdrawal)
- PHYSICAL e.g. pain, distended bladder or bowel, immobility or exhaustion, cerebral lesion, infection, major organ failure
- METABOLIC UPSET e.g. uraemia, hypercalcaemia, hyponatraemia, hypoxia, glucose (high/low)
- ANXIETY AND DISTRESS

3 The key to treatment rests in calming the acute state (while addressing the cause if appropriate)



MANAGEMENT

- General supportive measures as above
- Prescribe drug treatment appropriate to identified/ likely cause

DRUG TREATMENTS	HALOPERIDOL	DIAZEPAM	MIDAZOLAM	LEVOMEPRMAZINE
INDICATION	drug toxicity; altered sensorium; metabolic upset hallucinations	anxiety; distress	anxiety; distress risk of seizure	need for alternative or additional sedation
DOSAGE ORAL	1.5-3.0 mg	2-5mg		12.5-25mg
SUBCUTANEOUS BOLUS	2.5-5 mg ◇		2.5-10 mg ◇	12.5-25 mg ◇
SUBCUTANEOUS INFUSION	5-30 mg ◇ over 24 hours		5-100 mg ◇ over 24 hours	up to 250 mg ◇ over 24 hours

4 Repeat doses if needed after 1 hour and review.
Review regularly and often until episode settles



BECAUSE

- Highly agitated patients may need high doses and a continuous infusion may be needed
- Explanation and support for family and carers are paramount

AND IN ORDER THAT

- inappropriate sedation in a patient who needs to talk is avoided