LINDSEY LODGE HOSPICE AND HEALTHCARE

# TERMINAL AGITATION POLICY

# Terminal Agitation

**Definition**

Terminal agitation is defined as agitation occurring in the last few days of life when other physical causes have been excluded, and is thought to be due to changes in the body of the dying person and the subsequent impact on their brain functioning. It may present initially as a hyperactive delirium. The person may become confused, experience hallucinations and appear very restless or agitated. It can be a very distressing symptom for patients, relatives and staff caring for the individual.

**Assessment and Management**

- **Assessment should include the use of validated tools such as the Richmond Agitation Sedation Scale – Palliative Version (RASS-PAL) score. (see appendix 1)**
- The aim of management is to minimise the agitation as much as possible. Sometimes this will involve a physical change in the environment.
- Reverse the reversible causes of the agitation/restlessness where appropriate (hypoxia, infection, urine retention, constipation)
- In many cases, sedative medication is required. This is best given via the subcutaneous route to ensure full absorption and speed of onset. . If patient lacks mental capacity then medication may be given in their best interests following discussion with next of kin/family members.
- The algorithm below is a tool to support the use of appropriate medication to manage terminal agitation. It is advised that response to medication is reviewed. In some cases, midazolam can increase agitation and should therefore be used to a minimum in those individuals.
- The aim would be to obtain moderate sedation (RASS-PAL score -3) in order to facilitate a comfortable death for a patient with terminal agitation.
- When adjusting background levels of sedation, it is important to consider additional top-up medication that has been required to obtain the level of sedation the patient has at the time of RASS-PAL scoring – i.e. if during assessment, patient has RASS-PAL score -3, consideration would need to be given to what medication has been required in the past 24hours to achieve this and thought given to what adjustment to the background medication is required to maintain a RASS-PAL score of -3.

**Midazolam** 2.5mg – 5mg SC

If ineffective repeat after 30 mins using 5mg.

If ineffective, try 10mg or give **Levomepromazine**

Maintain with **Midazolam** CSCI 10mg-30mg over 24 hours

Add in antipsychotic (e.g. levomepromazine) before increasing above 30mg/24hrs

**OR**

**Levomepromazine** 12.5mg -25mg SC

If ineffective repeat after 30 mins.

If ineffective use higher dose (25mg-50mg SC) or try midazolam

Maintain with **Levomepromazine** CSCI 25-50mg over 24 hours

Combine **Midazolam** and **Levomepromazine**. Titrate both up to maximum of **Midazolam** 200mg/24 hours and **Levomepromazine** 200mg/24 hours

***Specialist Use Only and initiation by senior doctor***. For patients who fail to respond to adequate titration as above.

**Phenobarbital** 200mg IM stat

If ineffective, give a further 1 or 2 doses 30 minutes apart

Maintain with **Phenobarbital** CSCI 800mg over 24 hours (or more if settling dose >600mg)

If necessary increase dose progressively (e.g. 800mg → 1,200mg → 1,600mg/24 hours) up to 3,800mg/24 hours

**References**


1. Palliative Care Formulary Sixth Edition, 2017
2. RASS-PAL – adapted for clinical use by Dr Shirley Bush, February 2020

Appendix 1

**Richmond Agitation Sedation Scale – Palliative Version (RASS-PAL)**

- The Richmond Agitation-Sedation Scale – Palliative Version (RASS-PAL) is a valid and reliable assessment tool to assess the person's level of sedation during Palliative Sedation Therapy (PST).
- Unlike the original RASS, the RASS-PAL does not require eliciting a response using painful or startling stimuli;
- The aim of palliative sedation is to provide symptom relief with the lightest possible level of sedation necessary and / or as per the identified goals.
- Use of a standardized tool to assess level of sedation improves monitoring, communication and documentation of PST.

| Score | Term | Description |
|---|---|---|
| +4 | Combative | Overtly combative, violent, immediate danger to staff, (e.g., throwing items): + / - attempting to get out of bed or chair |
| +3 | Very Agitated | Pulls or removes lines (e.g. IV / SC / Oxygen tubing) or catheter(s); aggressive, + / - attempting to get out of bed or chair |
| +2 | Agitated | Frequent non-purposeful movement, + / - attempting to get out of bed or chair |
| +1 | Restless | Occasional non-purposeful movement, but movements are not aggressive or vigorous |
| 0 | Alert and Calm | |
| -1 | Drowsy | Not fully alert but has sustained awakening (eye-opening / eye contact) to voice for 10 seconds or longer. |
| -2 | Light Sedation | Briefly awakens with eye contact to voice for less than 10 seconds |
| -3 | Moderate Sedation (common goal) | Any movement (eye of body) or eye opening to voice, but no eye contact |
| -4 | Deep Sedation | No response to voice but any movement (eye or body) or eye opening to stimulation by light touch |
| -5 | Not rousable | No response to voice or stimulation by light touch |

| Score | Procedure for RASS-PAL |
|---|---|
| 0 to +4 | 1. Observe patient for 20 seconds<br>a. Patient is alert, restless or agitated for more than 10 seconds. Note if the patient is alert, restless or agitated for less than 10 seconds but is otherwise drowsy, then score patient according to your assessment for the majority of the observation period. |
| | 2. If not alert, greet patient, call by name and say 'open your eyes and look at me' |
| -1 | a. Patient awakens with sustained eye opening and eye contact (10 seconds or longer). |
| -2 | b. Patient awakens with eye opening and eye contact, but not sustained (less than 10 seconds) |
| -3 | c. Patient has any eye or body movement to voice but no eye contact. |
| | 3. When no response to verbal stimuli, physically stimulate patient by light touch (e.g. gently shake shoulder) |
| -4 | a. Patient has eye or body movement to gentle physical stimulation |
| -5 | b. b. Patient has no response to any stimulation |

| **RATIFICATION DATE BY TRUSTEES QA 24th January 2019** | | | Review interval 2 years | |
|---|---|---|---|---|
| To Be reviewed | Review completed | By | Approved By | Circulation |
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