Management of agitation, delirium, restlessness

Agitation, delirium or restlessness is extremely common in dying people. The cause is often multifactorial and not reversible. It can be a distressing problem and difficult to manage. The burden of investigations in a dying person is often best avoided, but some causes can be treated (e.g., pain, urinary retention, dehydration). Terminal restlessness is often a 'pre-death event'.

Also known as: **terminal agitation, terminal delirium, terminal anguish, terminal distress**.

Definition

Delirium occurring in the last days of life is often referred to as terminal restlessness or agitation. In the last 24–48 hours of life, it is most likely caused by the irreversible processes of multiple organ failure.

Holistic considerations

Reflect on: Te Whare Tapa Wha principles (Durie 1994)

Emotional considerations:	How can emotional issues be identified and addressed at this time? Is there time to address these before the person dies?
Spiritual considerations:	How can feelings of hopelessness and helplessness (by the person and/or their family/whānau) be addressed? Would the person like to see / benefit from a chaplain visiting? How would such a visit affect the person, their perception of self and their lifestyle?
Social considerations:	Is the person safe where they are at the moment? Can they remain there until they die? What other support does the family/whānau need at this time?
Physical considerations:	How can we make this person safe? How is this symptom affecting the person's physical needs?

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Management

Treat and/or remove possible causes of pain, for example, by:

1. regularly changing the person's position
2. checking their bladder/bowels to eliminate retention/impaction
3. ensuring their safety
4. involving the person and their family/whānau and providing them with explanations as required
5. using sitters
6. providing a low-stimulus environment, ie, low-level noise and lighting
7. surrounding the person with familiar voices, pictures, belongings
8. providing gentle massage, aromatherapy, familiar music (volume low)
9. offering spiritual/religious guidance or support (if the person and/or their family/whānau have requested it)
10. lowering the person's bed
11. providing sensor mats
12. helping keep the person'sbody or room at a comfortable, soothing temperature
13. helping apply smoking or nicotine patch.

Acknowledgement to Ministry of Health for sharing Resources Te Ara Whakapiri
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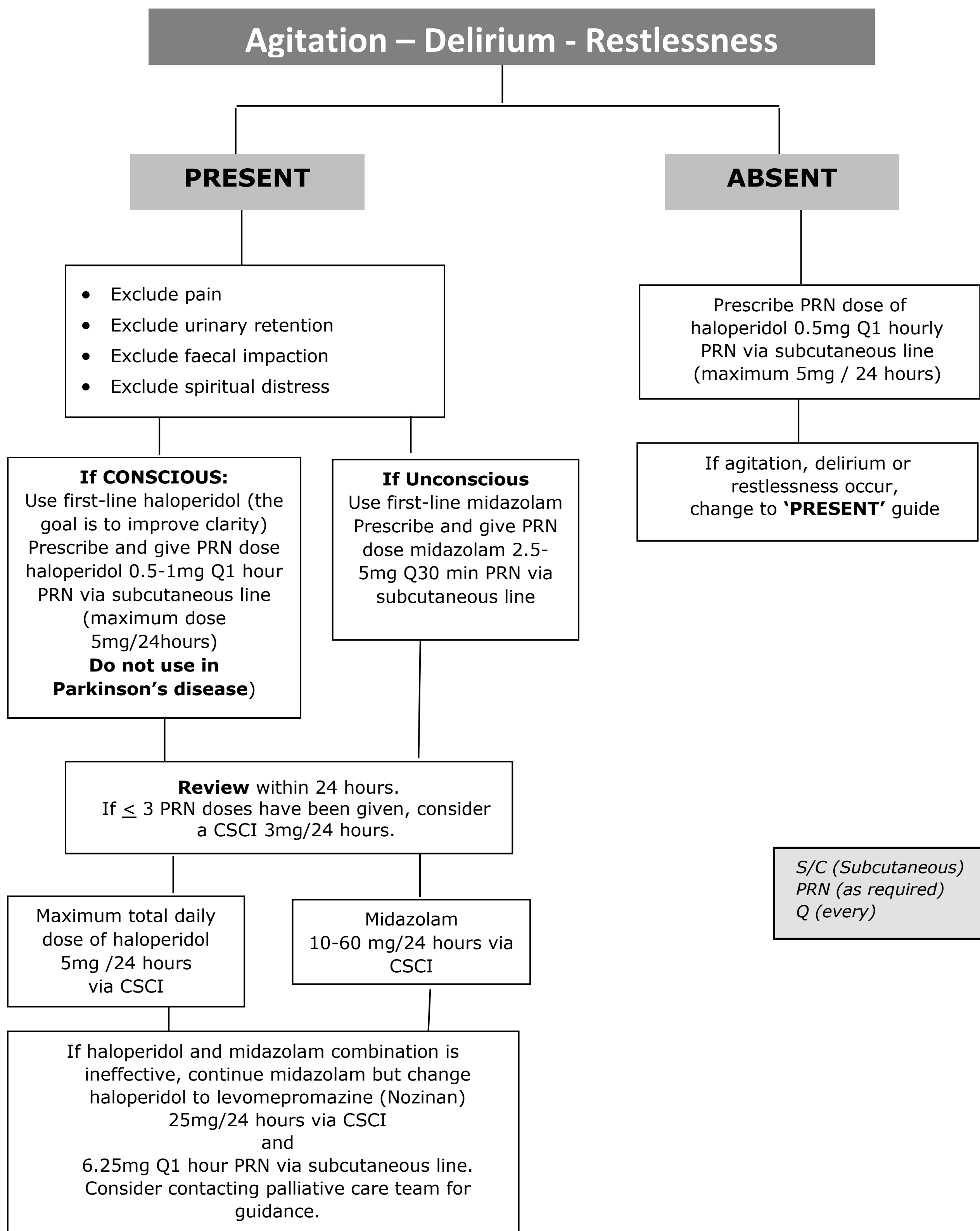

Anticipatory prescribing in this manner will ensure that in the last hours and days of life ther is no delay responding to a symptom if it occurs.

If you require further advice 24hrs each day 7 days a week please contact the Specialist Palliative Care Service at Mercy Hospice - PH (09) 3615966

MINISTRY OF HEALTH
MANATŪ HAUORA

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