END OF LIFE CARE FACT SHEET

Terminal Restlessness and Agitation

This fact sheet concentrates on the non-pharmacological treatment in the last days/hours of life

INTRODUCTION

Restlessness and agitation during the terminal phase is a distressing problem, which can be difficult to manage. As with all other symptoms, the cause of restlessness needs to be identified and, if at all possible, reversed. 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 organ failure.

LDL GOAL

Goal B: The patient/resident is not agitated

Patient/resident does not display signs of restlessness or distress, exclude reversible causes e.g. retention of urine, opioid toxicity.

ASSESSMENT

Physical Discomfort	Psychological Discomfort	Do any of the following apply?
Unrelieved pain Distended bladder Full bowel Physical restraint Insomnia Uncomfortable bed Nicotine/alcohol or medication withdrawal Puritis (itch) Metabolic change Unfamiliar environment Medication to toxicity	Feelings of hopelessness Helplessness Anger Guilt Fear Spiritual discomfort Unfinished business	Distressed vocalization Patient does not know what to do with his or her self "Something not quite right" **Involuntary movement** Twitching Jerking Myclonus **Purposeful Movement** Fidgeting Pacing Fumbling Plucking **Inability to differentiate between reality, dreams, perception, memories**

MANAGEMENT

Refer to the LDL Terminal Restlessness & Agitation symptom control guideline for pharmacological treatment.

IF IN DIFFICULTY SEEK SPECIALIST ADVICE (SEE CONTACT BELOW)

A holistic, multi-disciplinary assessment is undertaken to consider the physical, social, cultural, spiritual and emotional needs of the patient.

Treat and/or remove possible causes:

1. Change position
2. Check bladder/bowels
3. Ensure patient safety
4. Use of a sitter
5. Low stimulus environment
6. Familiar voices, pictures, belongings
7. Gentle massage/aromatherapy
8. Spiritual guidance or support
9. Lower bed to the ground
10. Assist with smoking or nicotine patch or application
11. Sensor mats in place
12. Too hot/cold body temperature and environment
13. Religious guidance (if it is the patient/family/whanau wishes only
14. Involvement of and explanations to patient and family/whanau

Prior to commencement of the LDL, consideration should be given to obtain bloods, if appropriate, to treat if condition is reversible e.g. hypercalcaemia, hypoxia

EVALUATION

Accurately document and report as required your assessment, changes and actions, ensuring you have recorded the evaluation of any management measures used.

LOCAL PALLIATIVE CARE CONTACT:

Name: _____ Phone: _____ Email: _____

REFERENCES:
Factsheet 9 on Palliative Care. *Terminal Restlessness*, Cambridge & Hungdon Palliative Care Group (2007) Hospeice Taranaki. *Terminal Restlessness Protocol*. (July 2011)
Watson M, Lucas C, Hoy A, Beck I. *Oxford Handbook of Palliative Care*. (2005) Oxford, England

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