**Managing Anxiety, delirium and agitation**

**General considerations for managing anxiety, delirium and agitation**

* Explore the possible causes of anxiety or delirium, with or without agitation, with the dying person and those important to them.
  + Be aware that agitation in isolation is sometimes associated with other unrelieved symptoms or bodily needs for example, unrelieved pain or a full bladder or rectum.
* Consider non‑pharmacological management of agitation, anxiety and delirium in a person in the last days of life.
* Where appropriate treat any reversible causes of agitation, anxiety or delirium, for example, psychological causes or certain metabolic disorders (for example renal failure or hyponatraemia).
* Discuss the benefits, harms/risks and burdens of any medications offered in particular sedation.
* Utilise the [‘Symptom Observation Chart for the Dying Person’](https://viewer.microguide.global/guide/1000000244#content,e15a1a3e-8645-4355-bf09-3889ef5f8329) as part of the assessment of medication benefit.
* Only the 10mg/2ml strength of Midazolam should be prescribed in palliative care and NEVER the 5mg/5ml which is only to be used in clinical areas performing conscious sedation.

Seek specialist advice if the diagnosis of agitation or delirium is uncertain, if the agitation or delirium does not respond to antipsychotic treatment or if treatment causes unwanted sedation; alternative agents may be [required](https://viewer.microguide.global/guide/1000000244#content,df81aee2-fc2e-4c98-99cb-7a511c4c76fc).

Prescribe MIDAZOLAM (10mg/2ml)

2.5 - 5mg SC 1 hourly PRN.

If signs of delirium or agitation change to HALOPERIDOL 0.5mg – 1.5mg PRN

Max 5mg / 24 hours

**If ineffective seek advice from Specialist Palliative Care Team**

If three or more doses required PRN, consider use of a syringe pump over 24hrs.

Maintain PRN dose.

Starting dose for syringe pump usually

3mg/24 hours.

Prescribe and give HALOPERIDOL SC 0.5mg - 1.5mg

PRN

Max 5mg / 24 hours

**Anxiety, Delirium and Agitation**

**PRESENT**

**ABSENT**

**Anxiety**

**Delirium or Agitation**

Prescribe and give MIDAZOLAM (10mg/2ml) 2.5-5mg SC 1 hourly PRN.

Start at lower dose, assess response and titrate dose up as required.

If three or more doses are needed in 24 hours titrate dose, review effectiveness and consider use of a syringe pump over 24hrs.

Maintain PRN dose.

If three or more doses required PRN consider use of a syringe pump over 24hrs.

Maintain PRN dose.

Starting dose for syringe pump usually

10mg/24 hours.

**References:**

Care of dying adults in the last days of life NICE guidelines (NG31) Published date: December 2015

PANG 4th edition