

Restlessness or Agitation

A Caregiver and Patient Training

Patients who are ordinarily calm can in the midst of dealing with terminal illness present with mild to extreme restlessness or agitation. This often times can cause great amount of distress for family and or caregivers at home.

What is Restlessness (Agitation)?

Restlessness or agitation is a state of mind whereby the patient experiences a decreased ability to relax or be still. This state of mind also includes hallucination (seeing what is not there) and delusions (believing a situation exist that does not). For example a patient may believe that they see secret service men walking around the yard (Hallucination). They may believe that you are one of them (delusion). This can become very distressing to families and patients. Other signs of terminal agitation or restlessness may include:

- use of profane language
- yelling
- picking at something in the air that does not exist
- calling out the names of deceased loved ones
- becoming demanding

There are a number of causes for terminal agitation or restless such as lack of bowel movement, infection, medication, pain, disease progression of cancer to the brain, organ failure, decreased oxygen to the brain, or body chemistry changes as part of disease progression.

What helps?

The first thing that helps is early recognition. There are some pharmacological treatments that can be helpful. There are a few suggestions which may be used and may prove to be helpful.

- Provide a calm, quiet environment, and help the patient reorient to time, place and person.
- Provide a visible clock, calendar, well known object which can help with recognizing time of day, week, or the month.
- Presence of a well-known family member can be comforting for the patient.
- Provide a well-lit, quiet environment. Provide night light. Keep visitors to a minimum to prevent over stimulation and minimal staff changes and room changes.
- Correct reversible factors such as dehydration, nutrition, and alteration in visual or auditory ability by providing auditory and visual aids.
- Avoid the use of physical restraints or other impediments to ambulation.
- Encourage activity if patient is physically able.
- Routines which are structured and predictable can be helpful.
- Providing therapies such as aromatherapy, therapeutic touch (massage) and pet therapy can be very helpful.

Medications and Side Effects:

1. Anxiolytics: Benzodiazepines are used to decrease level of anxiety. There are 5 commonly used medications which include Xanax, Klonopin, Valium, Ativan, and Versed. Common side effects include drowsiness or dizziness. Report to a member of the hospice team if you observe confusion, blurred vision, weakness, slurred speech, lack of coordination, difficulty breathing or coma.
2. Antipsychotics: Neuroleptics are used to stabilize the mood of patients. Used to decrease delusions. Common medications used are Haldol and Seroquel. Common side effects include blurred vision, dry mouth, drowsiness, muscle spasms (tremors) or weight gain.
3. Barbiturates are used to sedate and promote sleep. Used when other meds do not produce results. A common medication used is called Phenobarbital. Common side effects include dizziness, lightheadedness, sedation, headache, nausea, and/ or abdominal pain.
4. Antiepileptics may be used to stabilize mood. A common medication used is Depakote Sprinkles. Common side effects are: feeling tired, stomach upset or discomfort, dizziness, or blurred vision.
5. Sedatives are used to produce rest and sleep. Helpful when patient is having severe terminal agitation. A common medication used is Restoril. Common side effects include daytime drowsiness (or during hours when you are not normally sleeping), amnesia (forgetfulness) muscle weakness, lack of balance/coordination, numbness, burning, pain, tingling feeling, headache, blurred vision, depressed mood, feeling nervous, excited, or irritable.

Call hospice if your loved one is not responding to the medication regimen or treatment.

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(704) 873-4719
Our team is available 24/7**