

# #HospiceLink

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## UPCOMING EDUCATION

[Click on website](#)

### PALLIATIVE CARE LECTURE SERIES

Thursday 02 February:

Title: "Too few and too far"

The need to grow Māori leadership in the Hospice sector

Presenter: Vanessa Eldridge

Time: 7:30 am -8:30 am

Wednesday 8 February:

Syringe Driver Competency

Time: 1 pm - 3 pm

Wednesday 15 February:

Syringe Driver Refresher

Time: 1 pm-2.30 pm

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## SIGNS OF AGITATION

Agitation can come on suddenly or gradually, and often it comes and goes. Signs and symptoms of terminal agitation can include:

- distressed behaviour
- not being able to get settled
- confusion
- calling out, moaning, shouting or screaming
- hallucinations
- trying to get out of bed or wandering
- being sleepy during the day but active at night
- becoming harder to rouse from sleep
- being unable to concentrate or relax, or getting easily distracted
- rambling conversation or switching topics often
- sometimes angry and aggressive behaviour
- facial cues, like frowning, grimacing, and looking less peaceful
- fidgeting, including repeatedly picking at clothes or bed sheets.

These changes can be very distressing for the patient and their carers, family or friends.

## BRAIN TEASER

Each month our newsletter will have a puzzle, activity or brainteaser. Submit your answers to [Paula](#)

Winner last Month: No winner  
Answer was "Love"

January Brain Teaser  
"What three letters can frighten a thief away?"

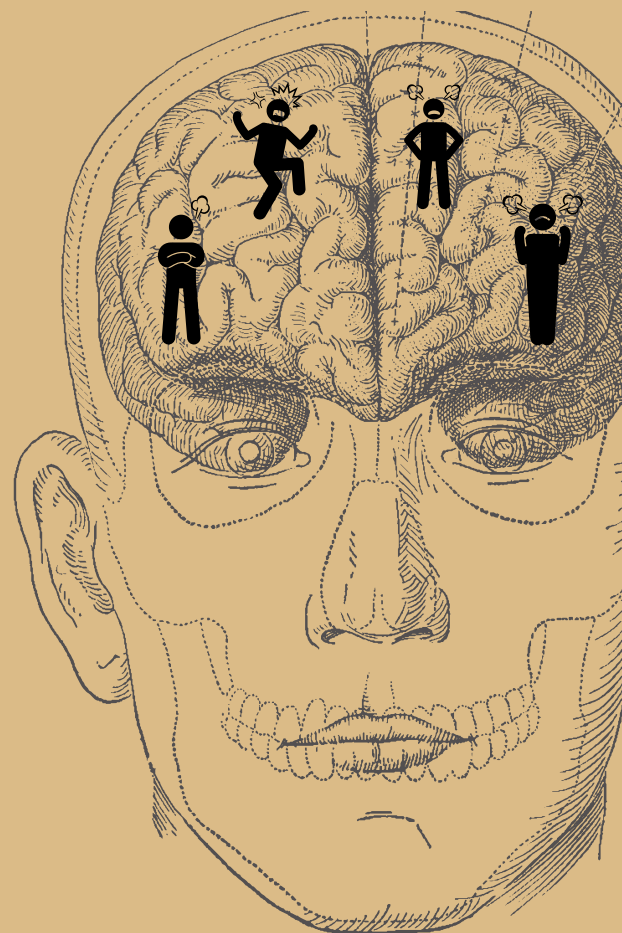
## RECOGNISING AND DEALING WITH AGITATION/TERMINAL RESTLESSNESS

Some people become agitated towards the end of their life. There are several different causes, and it can often be recognised by restlessness, fidgeting and changes to a patient's behaviour. Agitation is a term that describes anxious, restless and unsettled behaviour. It can be linked to emotional, physical or spiritual distress.

Agitation can be distressing for the patient, their carers, family or friends. It can also be a difficult time for staff attempting to manage this, however, this newsletter has thorough, relevant information and guidance taken from the Marie Curie UK website that may assist you.

Key points:

- Terminal agitation is anxious, restless or distressed behaviour that can occur at the end of life.
- Agitation is not an inevitable part of dying and may need to be treated as an emergency.
- There are many potential causes of agitation and many of them can be reversed.
- Try non-drug methods to relieve agitation first.
- Let the patient's medical team know quickly as they may be able to find and treat a reversible cause.
- If the patient requires sedation to relieve their symptoms of distress/agitation, try to address any concerns that they or their family and friends might have.



## SUPPORTING SOMEONE WITH AGITATION

Agitation is not an inevitable part of the dying process. If a patient is agitated at the end of life, it's important to try to manage it.

Agitated patients may struggle to communicate how they are feeling. They may be extremely fatigued or confused. It's important to check their symptoms, check if there are any reversible causes of their agitation, and try to communicate with them where possible. Use moments when they're calmer and less agitated to speak to them.

Don't dismiss what someone is experiencing when they have terminal agitation. You can support them by saying something like: "I can see that you are feeling unsettled". Ask open questions, and encourage them to express what they're thinking and feeling. Speak clearly and calmly.

Sometimes, simple methods can help to reduce agitation and distress. Find out what the patient finds comforting and reassuring. This might include repositioning them, playing music, talking gently and reassuringly, and touching them gently, for example holding their hand.

Try to provide a calm and safe environment that suits the patient's needs. You could make sure a clock is visible to help orientate the patient in time. Having familiar objects nearby, such as photos and ornaments can also be reassuring.

Consider and administer medications to relieve the distressing symptom if no relief from non-pharmaceutical measures

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## SUPPORTING THOSE AROUND THE PATIENT

Agitation can be distressing for those around the patient, including family, friends, and other health professionals. Here are some things you can do to support them:

Explain what agitation is and talk to them about what could be causing the patient's agitation. Try to avoid using jargon.

\*\*You could share our information for patients, family and friends about end of life symptoms and what to expect in the last weeks and days. [Click here](#)

Explain what is being done to manage the patient's agitation.

Make sure they know they can ask you questions and speak to you about any worries or concerns.

Encourage them to use the techniques above to help reduce the patient's agitation and distress.

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## SEDATION AND AGITATION

Sometimes when a person's agitation can't be relieved by other measures, medication is needed to sedate them. Sedation means using medicines to relieve them of unwanted agitation/distress, so that they are calm, or even asleep.

The patient will commonly be started on a small dose of sedative (such as a benzodiazepine like midazolam or lorazepam). They may also be given an anti-psychotic (such as haloperidol). Medicines are usually given as injections or through a syringe pump (also known as a syringe driver).

There are many ethical issues to consider when deciding about ongoing sedation. The person may no longer be able to eat, drink or communicate if they are sedated. The patient's medical team, the patient themselves, and their close family or friends should be involved in the discussion.

A common worry about sedation is that it makes death come more quickly. Sedation does not make death come more quickly, but it can bring relief from distressing symptoms and allow a more peaceful death. It is important to discuss this with the patient, and their carer, family, or friends, and address their concerns and worries.

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## ANTICIPATORY CHARTING OF MEDICATIONS FOR RESTLESSNESS/AGITATION

As part of anticipatory symptom management, PRN medications should be charted for potential Delirium/Agitation/Restlessness

It is important to anticipate potential symptoms and prescribe accordingly.

Anticipatory prescribing enables health professionals to respond quickly should a symptom arise or when swallowing becomes difficult. ([symptom management guidelines and suggested drug algorithms](#))

[presentation on symptom management of Agitation/restlessness including pharmaceutical measures](#)