

Confusion

Introduction

Confusion is a common symptom in palliative care and can cause great distress both to patients and carers. Confusion is a difficult symptom that can trigger a crisis and potential admission. Anticipatory care, thorough assessment and effective communication between primary health care team members & carers are vital in order to manage confusion at home.

Common causes

Possible cause	Treatment Options	
Metabolic	Hypercalcaemia	Rehydration & bisphosphonates
Disease Related	Increased ICP due to primary or secondary cerebral tumour(s) Hypoxia	Steroids (dexamethasone) Oxygen
Treatment	Medication induced	Stop/reduce medication e.g. opioids, anti-muscarinics, steroids, benzodiazepines
Other causes	Infection Alcohol withdrawal Nicotine withdrawal Hypoxia Constipation Urinary tract infection	Antibiotics Chlordiazepoxide Nicotine replacement patches Oxygen Laxatives Antibiotics

Non-drug management

- Keep to a set routine
- Familiar staff as far as possible
- Try & maintain familiar faces and environment
- Avoid loud noises, bright lights, too many people
- Well lit room
- Support & advice for family/carers

Drug treatment

Initial considerations:

- Review medication regime and change any drugs that may potentially exacerbate the confusion e.g. dexamethasone
- Treat specific causes e.g. hypercalcaemia
- Sedation is appropriate only if patient is distressed or considered to be a danger to themselves or others

Possible drug regimes

Drug	Dose	Indication
Haloperidol	1.5mg – 5mg p.o. or s/c nocte 1.5mg – 3mg p.o. or s/c t.d.s. 10-20mg/24hrs via syringe driver	Mild nocturnal confusion Hallucinations/paranoid ideas
Levomepromazine	12.5mg – 50mg p.o. or s/c b.d 25-200mg/24 hr via syringe driver	Powerful sedative

Chlordiazepoxide	10-20mg q.d.s. p.o. decrease 20mg every 3 days	Alcohol withdrawal
Clomethiazole	192mg capsule 1 capsule 5pm, 2 caps 9pm (a.m. dose p.r.n.)	Nocturnal restlessness/confusion. Short acting. Not for alcohol withdrawal
Diazepam	2mg – 5mg p.o. t.d.s. or 5mg-15mg nocte 5mg-10mg PR p.r.n.	Anxiety Convulsions, terminal restlessness
Lorazepam	0.5mg – 1mg sublingually up to q.d.s.	Acute anxiety
Midazolam	10mg – 60mg/24 hr via syringe driver	Anxiety & Agitation Terminal restlessness

References

- Central Manchester & Manchester Children's University: Hospitals NHS Trust. (2004) Pain & Symptom Control Guidelines for Adults.