

## Terminal Restlessness

This occurs in approximately 42% of patients with advanced disease, particularly in the last days of life. It may present with patients experiencing hallucinations, confusion, jerking, plucking or twitching. The following are some of the common causes and suggested management

- In the terminal phase restlessness may be due to unrelieved pain. Analgesia will need to be reviewed.
- Other drugs such as steroids etc can cause patients to become agitated or restless – review medication and consider discontinuing.
- Nicotine withdrawal may lead to symptoms, which can be effectively relieved using nicotine patches.
- Patient may have a full bladder or rectum, which may lead to restlessness or distress. Consider catheterisation and/or rectal measures such as suppositories or micro-enemas to relieve symptoms.

**All symptoms need to be considered on an individual basis**

### Pharmacological management

Please refer to Integrated Care Pathway for Last Days of Life [Click here](#)

- Midazolam 10mg – 60mg via syringe driver
- Midazolam 2.5 – 5mg subcutaneously p.r.n
- Levomepromazine (nozinan) also has a powerful sedative effect. Dose range 12.5mg - 50mg subcutaneously b.d or 25-200mg/24 hr via syringe driver.

### References

- Kaye. P. (2003) A-Z Pocket Book of Symptom Control. EPL publications: Northampton.
- Twycross, R. et al. (2002). Palliative Care Formulary. Radcliffe medical press Ltd: Oxon.