

SYMPTOM MANAGEMENT: AGITATION, RESTLESSNESS

[Symptom management of patients with COVID-19 receiving end-of-life supportive care outside the ICU^{\(1\)}](#) can be managed by generalist nurses and prescribers. Clinical consultation by the local health authority palliative consult team may be helpful.

Prescriber and nurse utilize a team approach to discuss diagnosis and probable short prognosis with patient and family, ensuring they are aware that medications to manage symptoms may also cause drowsiness.

TABLE OPTION

<p>General Information</p>	<ul style="list-style-type: none"> • Restlessness is common and expected at end of life,⁽³⁾ and will be expected for people dying with COVID-19 related illness.⁽¹⁾ • Assessment, goals of care, and reversing the underlying cause of the restlessness/agitation (if possible) should happen before medication is started.⁽¹⁾ • Combine medication with non-pharmacological interventions and family teaching.⁽³⁾ • In palliative care, medication can be given by subcutaneous route; insert a subcutaneous (SC) butterfly⁽³⁾; a separate butterfly for each medication.⁽⁴⁾ • Continue to treat underlying medical condition with regular medications (examples Digoxin for heart failure, or inhalers for COPD) as long as possible. • Delirium is an abrupt onset of fluctuating disturbance in attention and awareness. It involves cognitive dysfunction and changes in mood, sleep-wake cycle, and psychomotor behaviour. Three types: hypoactive (drowsy and withdrawn), hyperactive (restlessness/agitation, hallucinations more likely) and mixed.⁽³⁾ • Confusion Assessment Method (CAM) is a tool to screen for delirium.⁽⁵⁾
<p>Non-pharmacological</p>	<ul style="list-style-type: none"> • Do a head to toe assessment on possible causes of restless behaviour.⁽³⁾ This may include: urinary retention/desire to void/catheter kinked; constipation; sleep deprivation; hypoxia; withdrawal from medications/illicit drugs/alcohol; or unfamiliar environment.⁽³⁾ • Promote a calm atmosphere/environment around the patient⁽³⁾: low lights, traditional medicines such as smudge bowl, cedar, and family pictures.⁽⁶⁾ • Facilitate a normal sleep-wake cycle, wherever possible.⁽³⁾ • Provide comfort and re-orientation with the designated family member or friend⁽³⁾; use technology/virtual visits/telephone if helpful to person.
<p>Indications for Use of methotrimeprazine (Nozian)</p>	<ol style="list-style-type: none"> 1. When delirium is moderate to severe, and/or poses harm to either self or caregivers, and/or is distressing to families^(2, 3) 2. Restlessness⁽¹⁾ 3. Agitation⁽¹⁾

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	<ul style="list-style-type: none"> 4. Anxiety⁽²⁾ 5. Nausea and vomiting⁽²⁾
Onset	<ul style="list-style-type: none"> • By subcutaneous route,⁽¹⁾ it may take up to 60 minutes to take effect.
Side effects	<ul style="list-style-type: none"> • Burning sensation at injection site.⁽²⁾ • Assess butterfly insertion site prior to medication administration for redness, pain, bruising, leaking, firmness, weeping, edema; and if present, change the site.⁽⁴⁾
Contraindications	<ul style="list-style-type: none"> • See full list of contraindications: PDTM for methotrimeprazine
Reversal agents	<ul style="list-style-type: none"> • none
Family Teaching	<ul style="list-style-type: none"> • Assess the family's understanding and values of the restless behavior, including any cultural or traditional beliefs about journeying to the other side or the spirit world⁽³⁾. Ask the family what terms they use when someone is passing.⁽⁶⁾ • Some people near the end of life, experience presence of a deceased loved one, or Ancestor, by seeing, hearing or sensing them. Be careful about explaining it as a delirium hallucination, as it may be connected to spiritual or cultural beliefs and may provide comfort to both the dying person and their family.⁽³⁾ • Ask the family if there is a Spiritual Leader(s) they wish to call upon to help alleviate the emotional, mental, physical and spiritual pain of accepting the diagnosis and pending journey to the Spirit World. This may provide acceptance to patient/family of the pending death.⁽⁶⁾ • Normalize that restlessness is a common symptom when someone is transitioning to the spirit world.⁽³⁾ Let the family know they are strong for being present for their loved one and to also let them know it is OK to take care of themselves.⁽⁶⁾ • Teach family that unusual behavior while restless/delirious is due to the illness, and can fluctuate.⁽³⁾ • Provide guidance on how to interact with a restless person: gentle reassurance, calm voice and presence.⁽³⁾ • Prepare the family that the delirium may not be reversible.⁽³⁾
Link to PDTM	methotrimeprazine

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References:

- (1) [Symptom management of patients with COVID-19 receiving end-of-life supportive care outside the ICU](https://palliativecare.med.ubc.ca/coronavirus/). UBC Division of Palliative Medicine <https://palliativecare.med.ubc.ca/coronavirus/>
- (2) Vancouver Coastal Health Parenteral Drug Therapy Manual (PDTM): [methotrimeprazine](#)
- (3) BC Centre for Palliative Care: [Symptom Management Guidelines](#) Delirium
- (4) Vancouver Coastal Health: [Medication Administration: Subcutaneous](#) (insertion and assessment)
- (5) Northern Health: Confusion Assessment Method: https://www.northernhealth.ca/sites/northern_health/files/health-professionals/palliative-care/documents/confusion-assessment-method.pdf
- (6) Personal interview: Lucy Barney, T'it'q'et Nation, RN MScN, May 1, 2020

Further Reading:

UBC, Division of Palliative Care website: <https://palliativecare.med.ubc.ca/coronavirus/>

[Information for Families when End of Life is Near](#) (First Nations Health Authority brochure)

Pallium Canada webinar: Palliative Approach to Care in the Coronavirus Pandemic: https://www.youtube.com/watch?v=mlf83Ddat_g&feature=youtu.be