GUIDELINES & PROTOCOLS
ADVISORY COMMITTEE

Palliative Care for the Patient with Incurable Cancer or Advanced Disease
Part 2: Pain and Symptom Management
Delirium Management

Effective Date: September 30, 2011

Scope

This section presents assessment and management strategies for dealing with delirium occurring in patients with cancer or advanced disease.

Salient Principles in this Section:

- Look for and treat reversible causes of delirium
- Utilize neuroleptics first line for pharmacological treatment

Included in this Section:

A – Delirium management algorithm
B – Delirium medication reference tables

Delirium Management (Refer Appendix A - Delirium Management Algorithm)

Definition: A state of mental confusion that develops quickly, usually fluctuates in intensity, and results in reduced awareness of and responsiveness to the environment. It may manifest as disorientation, incoherence and memory disturbance.

Delirium Assessment

- May be hypoactive, hyperactive or mixed
- Look for underlying reversible cause (refer Fraser Health Authority. Hospice Palliative Care Symptom Guidelines - Delirium/Restlessness)[α]
- Ascertain stage of illness and whether delirium is likely to be reversible or terminal and irreversible
- Review advanced care plan and discuss goals of care with substitute decision maker
- Refer patient/family to Home and Community Care (refer Palliative Care part 2 - Resources) or timely access to caregiver support and access to respite and/or hospice care

Delirium Management Strategies

- Treat reversible causes if consistent with goals of care
- Avoid initiating benzodiazepines for first line treatment
- Refer to Appendix A - Delirium Management Algorithm
- Avoid use of antipsychotics in patients diagnosed with Parkinson's disease or Lewy Body Dementia.

Abbreviations

IM	intramuscular
IV	intravenous
PO	by mouth
SC	subcutaneous

[α]available at www.fraserhealth.ca/media/07FHSymptomGuidelinesDelirium.pdf
Palliative Care Part 1: Approach to Care is available at www.bcguidelines.ca/guideline_palliative1.html,
Palliative Care Part 3: Grief and Bereavement is available at www.bcguidelines.ca/guideline_palliative3.html

British Columbia Medical Association
British Columbia Ministry of Health
BC Cancer Agency CARE + RESEARCH An agency of the Provincial Health Services Authority
Family Practice Oncology Network

Appendices

Appendix A - Delirium Management Algorithm
Appendix B - Medications Used in Palliative Care for Delirium and Terminal Agitation

This guideline is based on scientific evidence current as of the Effective Date.

The guideline was developed by the Family Practice Oncology Network and the Guidelines and Protocols Advisory Committee. The guideline was approved by the British Columbia Medical Association and adopted by the Medical Services Commission.

A mobile version of this and other guidelines is also available at www.BCGuidelines.ca

The principles of the Guidelines and Protocols Advisory Committee are to:

- encourage appropriate responses to common medical situations
- recommend actions that are sufficient and efficient, neither excessive nor deficient
- permit exceptions when justified by clinical circumstances

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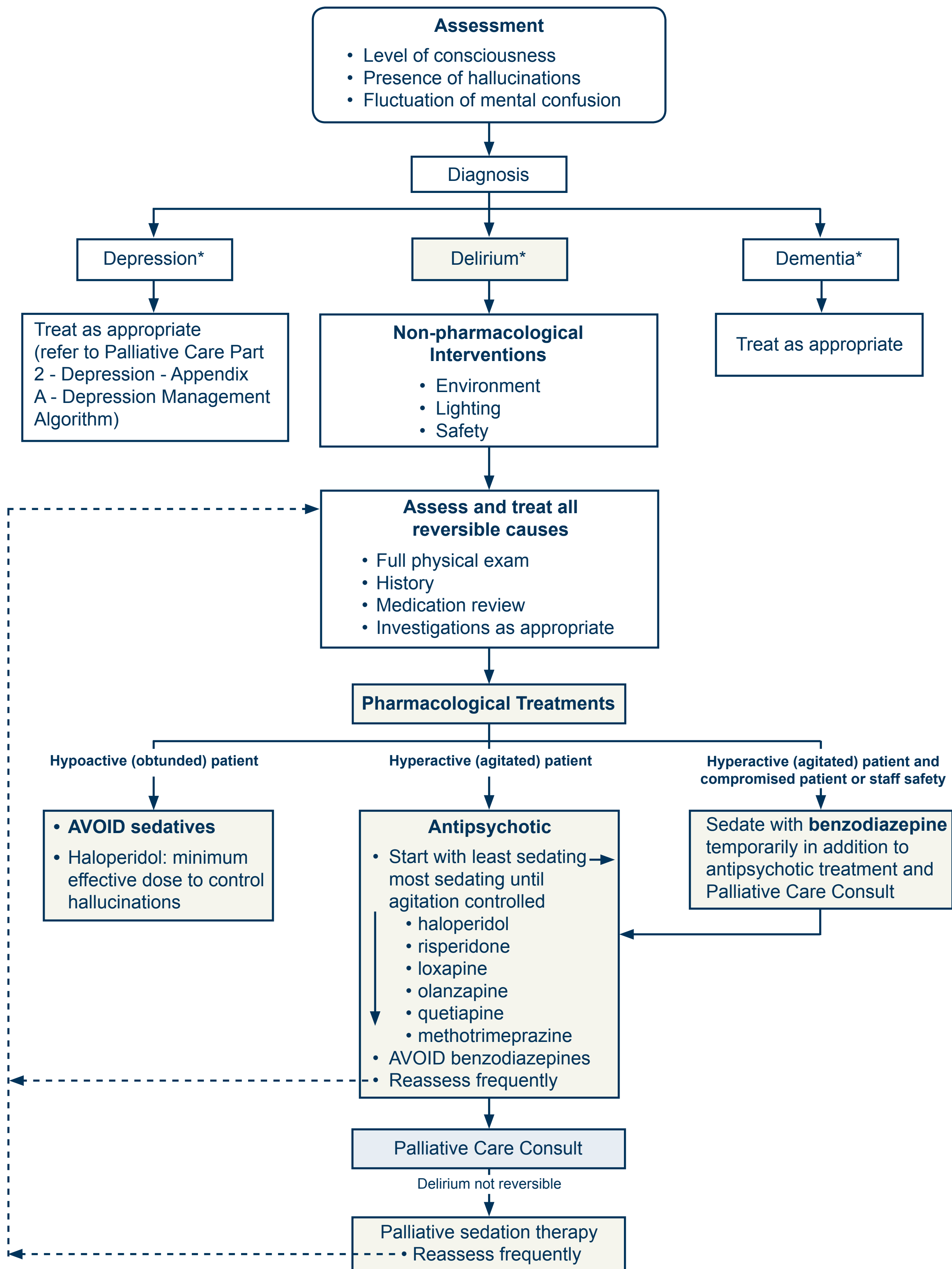
DISCLAIMER

The Clinical Practice Guidelines (the "Guidelines") have been developed by the Guidelines and Protocols Advisory Committee on behalf of the Medical Services Commission. The Guidelines are intended to give an understanding of a clinical problem and outline one or more preferred approaches to the investigation and management of the problem. The Guidelines are not intended as a substitute for the advice or professional judgment of a health care professional, nor are they intended to be the only approach to the management of clinical problems. **We cannot respond to patients or patient advocates requesting advice on issues related to medical conditions. If you need medical advice, please contact a health care professional.**

Appendix A: Delirium Management Algorithm



*For clinical features of dementia, depression and delirium, refer to *Cognitive Impairment in the Elderly - Recognition, Diagnosis and Management* at www.bcguidelines.ca/guideline_cognitive.html

Appendix B: Medications[α] Used in Palliative Care for Delirium and Terminal Agitation

[α]Refer to guideline and/or algorithm for recommended order of use.

Tailor dose to each patient; those who are elderly, cachectic, debilitated or with renal or hepatic dysfunction may require reduced dosages ; consult most current product monograph for this information: http://webprod.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp

ANTIPSYCHOTICS						
Generic Name	**Trade Name**	**Available Dosage Forms**	**Standard Adult Dose**	**Drug Plan Coverage[A]**		**Approx. cost**
				Palliative Care	**Fair PharmaCare**	
haloperidol	G	**Tabs:** 0.5, 1, 2, 5, 10 mg	***Mild restlessness:*** 0.5 to 1.5 mg PO tid	Yes, LCA	Yes, LCA	$4-9 (G)
			Delirium and agitation: 0.5 to 5 mg PO q8h to q4h			$4-29 (G)
		Inj: 5 mg per mL	***Mild restlessness:*** 0.25 to 0.75 mg SC* tid	Yes, LCA	Yes, LCA	$385 (G)
			Delirium and agitation: 0.5 to 5 mg SC* q8h to q4h			$385-770 (G)
loxapine†	G	**Tabs:** 2.5, 5, 10, 25, 50 mg	2.5 to 10 mg PO/SC* daily to twice daily	Yes, LCA	Yes, LCA	$3-17 (G)
		Inj: 50 mg per mL		Yes	Yes	$222-445 (G)
metho-trimeprazine†	G	**Tabs:** 2, 5, 25, 50 mg	***Delirium:*** 10 to 50 mg SC* q30min until relief then 10 to 50 mg PO/SC* q8h to q4h.	Yes, LCA	Yes, LCA	$19-75 (G)
	Nozinan®	**Inj:** 25 mg per mL		Yes	Yes	$311-1244
olanzapine†	Zyprexa®, G	**Tabs:** 2.5, 5, 7.5, 10, 15, 20 mg	2.5 to 10 mg PO daily to twice daily	No	Special Authority[B], LCA (20 mg only)	$ 41-328 (G) $58-466
	Zyprexa Zydis®	**Oral dissolving tabs:** 5, 10, 15, 20 mg		No	Special Authority, LCA	$49-194 (G) $116-463
quetiapine†	Seroquel®, G	**Tabs:** 25, 100, 200, 300 mg	12.5 to 50 mg PO daily to twice daily	No	Yes, LCA	$7-27 (G) $16-64
risperidone†	Risperdal®, G	**Tabs:** 0.25, 0.5, 1, 2, 3, 4 mg	0.5 to 2 mg PO daily to twice daily	Yes	Yes	$11-62 (G) $11-62
	Risperdal®	**M-tab:** 0.5, 1, 2, 3, 4 mg		Yes	Yes	$24-132
OTHER						
phenobarbital‡	G	**Inj:** 30 mg per mL, 120 mg per mL	Epilepsy/terminal agitation: 60 mg SC* bid up to 120 mg tid	Yes	Yes	$22-459 (G)

Abbreviations: **G** generics; **inj** Injection; **LCA** subject to low cost alternative program; **M-tabs** oral disintegrating tablets; **PO** by mouth; **SC** subcutaneous; **tabs** tablets

[A] PharmaCare coverage and cost as of November 2010 (subject to revision). Cost does not include dispensing fee. Generic and brand name cost separated, as indicated by (G). Obtain coverage, eligibility, medication coverage information and explanations here: Information on Provincial Drug Coverage

[B] Olanzapine 20 mg is the only strength of regular tablets (not oral dissolving tablets) which are covered with Special Authority

† This indication (i.e. delirium) used in practice, but not approved for marketing by Health Canada

‡ This indication (i.e. terminal agitation) used in practice, but not approved for marketing by Health Canada

* This route of administration used in practice, but not approved for marketing by Health Canada.

References

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