BEFORE using these recommendations please clarify patient’s GOALS OF CARE
These recommendations are consistent with:
- Goals of Care – Active ward based treatment – with symptom and comfort care
- Goals of Care - Optimal comfort treatment - including care of the dying

Non-pharmacological measures should be introduced as possible – see General Management and Care

Initial doses are determined to balance the benefit and risk with consideration of the person’s age, organ function and previous use of benzodiazepines and antipsychotics. Start with low doses and titrate carefully.

Is patient currently taking benzodiazepines or antipsychotics?

- NO
  - Is patient able to take oral medications?
    - NO
      - Prescribe and give subcutaneously:
        - haloperidol 0.5-1 mg 12 hourly prn
        - ± midazolam 1-2.5 mg 1 hourly prn
        - OR ± clonazepam 0.5 mg 24 hourly prn (if sedation required)
    - YES
      - Call palliative care service for advice
  - YES
    - Prescribe and give orally:
      - haloperidol 0.5-1 mg 12 hourly prn
      - +/- lorazepam 0.5-1 mg 12 hourly prn (if sedation required)

Assess frequently
If patient remains agitated despite having prn doses of medication consider starting regular doses

Is an infusion device available?

- NO
  - Prescribe and give subcutaneously:
    - haloperidol 0.5-1 mg every 12 hours
    - clonazepam 0.5-1 mg every 24 hours
    - Continue to administer prn doses for extra breakthrough agitation
- YES
  - Start subcutaneous or IV infusion over 24 hours:
    - haloperidol 1-2 mg
    - midazolam 5-10 mg
    - Continue to administer prn doses for extra breakthrough agitation

IF THERE IS AN INADEQUATE RESPONSE TO ABOVE RECOMMENDATIONS
CALL FOR ASSISTANCE FROM PALLIATIVE CARE SERVICE