



Management of delirium or agitation for adult patients dying with COVID-19

BEFORE using these recommendations please clarify patient's GOALS OF CARE
These recommendations are consistent with:
Goals of Care - Optimal comfort treatment - including care of the dying

Is patient currently taking antipsychotic medications or benzodiazepines?

NO

YES

Infusion device available?

Call palliative care service for advice

YES

NO

Give stat SUBCUT doses of:
haloperidol 0.5-1 mg +
midazolam 1-2.5 mg OR clonazepam 0.5-1 mg
AND
Start SUBCUT or IV infusion over 24 hours of:
haloperidol 1-2.5 mg +
midazolam 5-10 mg

Give regular SUBCUT doses of:
haloperidol 0.5-1 mg every 12 hours
clonazepam 0.5 -1 mg every 12 hours

AND

Prescribe haloperidol 0.5-1 mg 4 hourly prn + clonazepam 0.5 mg 4 hourly prn
for extra breakthrough delirium/agitation

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