

Addressing Terminal Agitation: A multidisciplinary approach to enhancing patient care and team support

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Background

During 2023 our organisation noted an increase in cases of terminal agitation in patients admitted to our in patient unit. This was not only challenging for our patients and their families but also caused distress among our team members.

In order to better understand the scope of this issue and identify areas where we could focus our efforts, a multidisciplinary short term working group was established to explore this further.

Methodology

- Establishment of a short term multidisciplinary group
- A baseline audit of terminal agitation prevalence and treatment in our in patient unit was carried out
- 2 nationwide surveys to palliative care colleagues were issued to establish prevalence of terminal agitation in patients in other organisations
- An internal survey to establish impact of increased numbers of agitated patients on staff
- Implementation of the RASS-PAL tool to score sedation level and encourage use of a common language between clinical teams

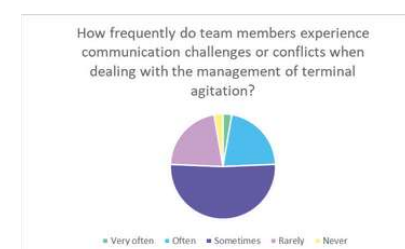
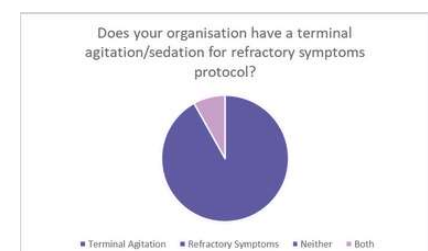
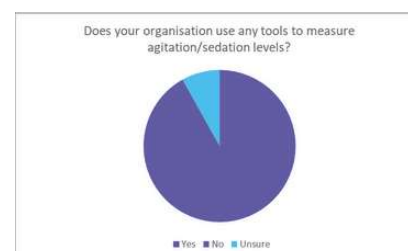
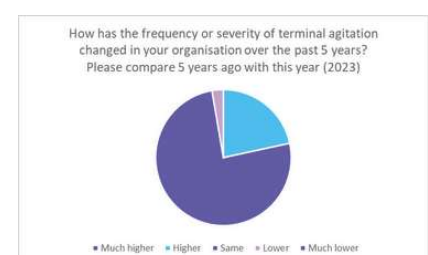
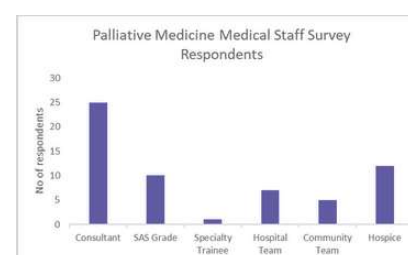
Results

Internal audit and survey highlighted:

- **87%** of in-patients displayed signs of terminal agitation in the last days of life during the 12 month period audited.
- Use of phenobarbital in the treatment of terminal agitation (**5.3%** of all in-patient deaths) appears higher than the national average suggested by the literature (2) (**2.1 - 3.5%** of deaths nationally).
- Staff distress levels were notably high, with a substantial percentage reporting 'high' levels of distress in the survey.
- Communication challenges were highlighted, indicating the need for improved communication and conflict resolution.

Survey responses from peer organisations highlighted:

- Levels of terminal agitation were reported to be the same as, or higher than 5 years ago.
- Lack of a consistent approach / guidance is evident across the UK when caring for patients with terminal agitation.
- Communication challenges or conflicts are not uncommon when dealing with management of terminal agitation.
- Very few organisations had a protocol for terminal agitation.



Actions since establishing the group

- Development of an in house terminal agitation procedure.
- Introduction of the RASS-PAL sedation tool further to a period of education with clinical staff.
- Update to our electronic patient management system to highlight the sedation goal for patients where appropriate.
- Any patient who has been prescribed phenobarbital will be referred for a case note review which will facilitate learning and improve patient experience.

Next steps

- Continue to embed education regarding use of RASS-PAL and encourage use of that common language amongst staff around the goal for level of sedation.
- Continue to monitor prevalence of terminal agitation in our patients, and the use of phenobarbital for those patients.
- Raise awareness of RASS-PAL tool and associated education amongst our community teams.

