

Anxiety or Insomnia

Assess causes, such as pain, medication side effects, psychosocial concerns, or general fears.

Commonly associated with worries about how families will manage or how they will endure the moment of death.

Patients often keep things inside and avoid dialogue about what is happening or their concerns.

Denial is often used as a coping mechanism and may result in increased anxiety.

Allay fears by openly discussing what symptoms to anticipate and comfort options.

Comfort Measures:

- 1) Talking with, listening, and sitting by patient
- 2) Determine if fear, pain, or air hunger is present
- 3) Involve family and volunteers to be present with the patient
- 4) Decrease stimulation
- 5) Tub baths or back rubs
- 6) Use music, relaxation tapes, or guided imagery
- 7) Change the environment according to patient needs, i.e. lights on, out of bed.

Medical Measures:

- 1) FOR ANXIETY:
Diazepam (Valium) 2-10mg PO, IM or SL, TID or QID
Alprazolam (Xanax) 0.5-1.0 mg PO, BID, TID, or Q6H
- 2) FOR INSOMNIA:
Diazepam (Valium) 2-10mg PO, IM, or SL, at HS
Alprazolam (Xanax) 0.5-1.0 mg PO, SL, at HS
Benadryl 25-50mg PO at HS
Amitriptyline (Elavil) 25-150mg, PO, 2 hours prior to bedtime
- 3) FOR CONFUSION OR AGITATION:
Lorazepam (Ativan)
ACUTE: 2.0-4.0 mg IM Q4-6H
CHRONIC: 0.5-5mg PO or SL, Q6-12H
OR
Haloperidol (Haldol)
ACUTE: 5-10 mg IM q1-2H
CHRONIC: 0.5-5.0 mg PO Q6-12H