

Administration of drugs prescribed via an individual prescription in the event of distress for a person receiving palliative care

Developed in collaboration with an advisory committee consisting of Québec clinicians and experts

Validated by the Comité d'excellence clinique - Usage optimal du médicament (incluant les protocoles médicaux nationaux et les ordonnances associées) of the Institut national d'excellence en santé et en services sociaux (INESSS)

**CLINICAL SITUATION OR TARGET POPULATION**

A person 18 years of age or older receiving Level D [palliative care](#)<sup>1</sup>, which is aimed solely at providing comfort,  
AND

who presents with sudden acute distress characterized by a panic state (criterion 1) together with one of the following three clinical manifestations (criterion 2): sudden major respiratory distress OR sudden-onset or rapidly increasing intolerable pain OR a massive hemorrhage.

PERSON PRESENTING WITH SUDDEN ACUTE DISTRESS, BASED ON THE FOLLOWING CRITERIA:	
<b>Criterion 1: Panic state</b>	The presence of at least one of the signs suggestive of a panic state: <ul style="list-style-type: none"> <li>▶ Fear</li> <li>▶ Agitation</li> <li>▶ Intense anxiety</li> </ul>
<b>Criterion 2: One of the three clinical manifestations</b>	<p><b>1- Sudden major respiratory distress:</b> The presence of at least one of the signs suggestive of sudden major respiratory distress:</p> <ul style="list-style-type: none"> <li>▶ Intolerable and constant difficulty breathing at rest with constant gasping for air</li> <li>▶ Tachypnea</li> <li>▶ Intercostal retractions</li> <li>▶ Severe bronchial congestion</li> </ul> <p><b>2- Sudden-onset or rapidly increasing intolerable pain</b></p> <p><b>3- Massive hemorrhage</b></p>

**CONTRAINDICATIONS TO THE APPLICATION OF THIS PROTOCOL**

- ▶ Person unconscious
- ▶ Person who presents with one isolated clinical manifestation or a single refractory symptom that is not accompanied by a panic state

<sup>1</sup> The determination of the level of care is the physician's responsibility and is based on a thorough, individualized assessment of the patient's current medical status and of the expressed prognosis in terms of morbidity and reversibility, on the one hand, and of the impact on quality of life and autonomy as assessed by the patient, on the other. [Institut national d'excellence en santé et en services sociaux (INESSS). Les niveaux de soins : normes et standards de qualité. Guide written by Michel Rossignol and Lucy Boothroyd. Québec, QC: INESSS; 47 p.]

### 1. ASSESSMENT OF HEALTH STATUS

#### 1.1 Signs and symptoms

Look for the signs and symptoms of sudden acute distress:

- ▶ A panic state characterized by at least one of the following signs or symptoms:
  - Fear
  - Agitation
  - Intense anxiety

Fear, agitation and intense anxiety can manifest as the contraction of the facial muscles, wide-open eyes, sweating, a fear of dying, etc.

- ▶ Sudden major respiratory distress characterized by at least one of the following signs:
  - Intolerable and constant difficulty breathing at rest with constant gasping for air
  - Tachypnea
  - Intercostal retractions
  - Severe bronchial congestion
- ▶ Massive hemorrhage

Check that the person is conscious.

### 2. TREATMENT APPROACH

#### 2.1 Therapeutic objective

The treatment is effective when one has achieved rapid, temporary sedation accompanied by anterograde amnesia and relief of the symptoms of acute distress.

#### 2.2 Treatment principle

This protocol concerns persons with a suddenly occurring clinical situation that requires urgent treatment. It should not be used when the symptoms progress over time and could be controlled with a specific drug or an adjustment to the individual prescriptions in the person's chart (by way of a dose increase, a bridge dose or prescribing a different medication).

## 2.3 General information regarding pharmacological treatments for the rapid relief of the signs and symptoms of acute distress

An individual prescription for distress consists of a combination of three classes of drugs: benzodiazepines, opioids and anticholinergics. The general information on these classes of drugs presented below is not exhaustive.

	BENZODIAZEPINES	OPIOIDS	ANTICHOLINERGICS
<b>Mechanism of action</b>	<ul style="list-style-type: none"> <li>▶ Anxiolytic</li> <li>▶ Amnestic</li> <li>▶ Muscle relaxant</li> <li>▶ Sedative</li> </ul>	<ul style="list-style-type: none"> <li>▶ ↓ pain</li> <li>▶ ↓ dyspnea</li> <li>▶ ↓ respiratory effort</li> </ul>	<ul style="list-style-type: none"> <li>▶ Amnestic</li> <li>▶ ↓ pharyngeal and bronchial secretions</li> <li>▶ Sedative</li> </ul>
<b>Time to onset of action and duration of action</b>	<ul style="list-style-type: none"> <li>▶ Rapid onset of action: 10 minutes for SC and 5 minutes for IV</li> <li>▶ Duration of action: 2 to 4 hours</li> </ul>		
<b>Administration details</b>	<ul style="list-style-type: none"> <li>▶ The benzodiazepine is administered first</li> </ul>	<ul style="list-style-type: none"> <li>▶ The opioid and the anticholinergic are administered afterwards</li> <li>▶ Can be prepared in the same syringe for an SC injection</li> </ul>	
<b>Most common drug adverse effects</b>	<ul style="list-style-type: none"> <li>▶ IV route: administer slowly over 2 to 5 minutes and stop once the symptoms of acute distress are relieved.</li> <li>▶ Confusion</li> <li>▶ Delirium</li> <li>▶ Dizziness</li> <li>▶ Bladder distention</li> <li>▶ Paradoxical reaction: agitation, behaviour problem, aggressiveness</li> <li>▶ Dry mouth</li> <li>▶ Drowsiness</li> </ul>		

## 2.4 Drug administration

Administer all the prescribed medications in the following order:

ORDER OF ADMINISTRATION	DRUG
1	▶ Benzodiazepine
2	▶ Opioid
3	▶ Anticholinergic

If there are no medical directives, administer the drugs a second time if the treatment is ineffective or only partially effective:

- ▶ Intravenous administration: repeat after 10 minutes.
- ▶ Subcutaneous administration: repeat after 20 minutes.

If the route of administration is not specified in the individual prescription, opt for the intravenous route if it is available.

If the intravenous route is not available, inject the drugs by direct subcutaneous route in the chest or upper abdomen. Avoid subcutaneous administration via a catheter that is already in place.

## 3. INFORMATION TO BE PROVIDED

Explain the effects of the treatment (see Section 2.3, Mechanism of action). The sedation induced by the treatment can last for several hours after the protocol is administered.

Explain that the distress episode is a sign of advanced illness.

Explain that the drugs administered in cases of distress do not hasten the person's death.

## 4. FOLLOW-UP

Assess the effectiveness of the drugs administered within 10 minutes after their intravenous administration or within 20 minutes after their subcutaneous administration.

Monitor changes in the person's respiratory status and the other manifestations of distress and avoid checking vital signs.

Monitor the person for adverse effects (see Section 2.3).

## 5. SITUATIONS REQUIRING A REASSESSMENT

Advise the physician immediately after administering the drugs prescribed under this national medical protocol.

## REFERENCES

This Québec's national medical protocol is based on scientific data enhanced with contextual information and the perspectives of Québec clinicians and experts. For details on the process used to develop this protocol and to consult the references, see the [report in support of this protocol](#).