



Non-Pharmacological Interventions for Terminal Restlessness in End-of-Life Care



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Abstract

A literature review was conducted between October 2020 to November 2020 to identify the best non-pharmacological interventions for dementia patients facing terminal restlessness. Eight pieces of literature were selected by researchers for review regarding end-of-life patients with dementia. The focus was on non-pharmacological interventions, as research showed that they may be more efficacious and have less adverse reactions than common pharmacological approaches. Methods were developed to implement non-pharmacological interventions for dementia patients specifically for Spencer Hospital in Spencer, Iowa. Outcomes of this project include that the non-pharmacological interventions aromatherapy, touch therapy, environmental modification, caregiver training and communication are best for improving end of life care in patients with terminal restlessness.

Keywords: terminal restlessness, interventions, non-pharmacological, dementia, end of life, hospice, and agitation.

Clinical Question

In patients with dementia facing terminal restlessness, what is best practice for implementing non-pharmacological interventions in improving quality end of life care?

Research Framework

The Johns Hopkins Appraisal Tool was utilized to evaluate and rate eight articles from the databases CINAHL, EBSCOhost eBook Collection and PubMed. The keywords terminal restlessness, interventions, non-pharmacological, dementia, end of life, hospice, and agitation were used. The focus was on non-pharmacological interventions as research showed that they may be more efficacious and have less adverse reactions than common pharmacological approaches. One limitation is a consistent definition of terminal restlessness used in articles. Terms such as neuropsychiatric symptoms, terminal agitation, and even delirium to describe the distressing symptoms experienced by patients with dementia at the end of life. Another limitation is that the articles encompassed settings from both long-term and acute care.

Nursing Theorist

Sister Callista Roy's Adaptation Model focuses on helping patients adapt effectively to changes of the environment. She believes that humans are biopsychosocial beings that are in constant interaction with the changing environment (Petiprin, 2020). When a patient is not able to adapt to the changing environment, illness and disease occur. Nurses are able to provide positive coping mechanisms for patients using the nursing process (Petiprin, 2020). Our research found that training is an integral part of helping dementia patients facing terminal restlessness. When a nurse identifies specific patient needs, they can provide effective interventions.

Definitions

- *Terminal Restlessness/Agitation:* agitated delirium with cognitive impairment. The main symptoms are agitation, myoclonic jerks or twitching, irritability and impaired consciousness. Other symptoms include hallucinations, paranoia, confusion and disorientation (Chand, 2013, p.382).
- *Non-pharmacological:* referring to therapy that does not involve the use of drugs (*Nonpharmacological*, 2008).
- *Aromatherapy:* use of essential oils through inhalation of direct application to promote healing and well-being (Burroughs, 2012, p. 133).
- *Extrapyramidal Symptoms:* Extrapyramidal symptoms, also called drug-induced movement disorders, describe the side effects caused by certain antipsychotic and other drugs. These side effects include involuntary or uncontrollable movements, tremors, and muscle contractions (Carter, 2019).
- *Haloperidol:* a butyrophenone antipsychotic that is traditionally prescribed in the treatment of schizophrenia, in the control of tics and verbal utterance of Tourette's syndrome, in the treatment of severe behavioral problems in children, and as a sleep aid (Myers, 2009, p.835).
- *End of Life Care:* multidimensional and multidisciplinary physical, emotional, and spiritual care of the patient with terminal illness, including support of family and caregivers (Myers, 2012, p. 551)
- *Agitation in dementia:* restlessness, pacing, shouting, and verbal or physical aggression (Sampson et al, 2019).

Results

- The literature review shows that non-pharmacological interventions may be more effective in treating terminal restlessness than pharmacological interventions.
- The non-pharmacological interventions best for improving end of life care in patients with terminal restlessness include aromatherapy, touch therapy, environmental modification, caregiver training and communication.
- A protocol should be designed and implemented in order to ensure nurses are provided with the resources to implement these interventions in a consistent and efficacious manner.
- Managing the symptoms of terminal restlessness through non-pharmacological interventions leads to better outcomes for the patient and caregiver and provides relief during end of life.

Outcomes

One short-term outcome regarding our project is that training will be explored and implemented to train staff working with dementia patients in long-term and home care settings. This training will assist nurses in the identification of the most effective non-pharmacological intervention for their patients. Another short-term outcome is that Spencer Hospital will use our research and begin to implement non-pharmacological interventions when providing care for patients with dementia. One long-term outcome is that patients with dementia will have fewer symptoms of dementia due to the effective use of non-pharmacological interventions. Another long-term outcome is that a structured training program will be in place for employees working with dementia patients at Spencer Hospital.

Interventions:

- Caregiver training
 - Familiarize with potential non-pharmacological interventions, signs of agitation, unmet needs
 - Staff are more likely to be compassionate towards patients when they are trained.
- Aromatherapy
 - Initiates relaxation via the limbic system which decreases agitation
 - Oils conjoined with massage, application to article of clothing or pillow, lavender candles
- Touch therapy
 - Used to express caring and safety to the confused mind of a patient experiencing restlessness
- Environmental modification
 - Allow solitary time, visits of less than 10 minutes, eliminate excess sound, avoid harsh light
 - Familiar sounds, smells, and textures to patients convey warmth and caring
- Communication
 - Comforting speech and gentle distraction decreases agitation
 - Use symbolic expressions when talking about death rather than literal phrases

Conclusion:

In summary, non-pharmacological interventions produce less adverse effects and provide effective relief and comfort to patients with delirium experiencing terminal restlessness. The five non-pharmacological interventions we have proposed ease the distressing behaviors common to terminal restlessness. Not only are these interventions useful for the patient, but they also better equip the healthcare worker for providing effective care and preventing burnout. Nurses help play a role in this by successfully implementing these interventions when they detect symptoms of terminal restlessness, as well as determining the effectiveness of these non-pharmacological interventions. Patients who receive these non-pharmacological interventions will have better outcomes and it will allow for them to better say good-bye to their lives here on earth.

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