TERMINAL SEDATION: A RETROSPECTIVE SURVEY OF A THREE-YEAR EXPERIENCE

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From 1999 to 2001, 1207 patients were seen by the pain and palliative care consult service at the NCI of Milan, 101 of them (8.3%) died. For 58 of these patients (57.4%) sedation was considered necessary to control terminal symptoms.

Sedation was defined as the intentional reduction of consciousness to a level of non-vigilance by pharmacological means. This protocol was implemented in 52 over 58 patients. The symptoms requiring sedation included dyspnea (25 cases), dyspnea and agitation (17), agitation (10), delirium with agitation (3), bleeding and agitation (2), and pain and agitation (1).Drug regimens employed for sedation in 52 patients treated included: increase of previous opioid dose (50 cases), chlorpromazine (22), haloperidol (14), midazolam (13), delorazepam (6), prometazine (5), diazepam (4), promazine (3), lorazepam (2). In 24 cases sedation was obtained by a two drug combination, three drugs were used in 13 cases and more than three in 6 patients while in the remaining 9 patients sedation was obtained by increasing opioid dose only. Sedation lasted for a mean of 45 hours (range 5 to 96) until death. Six patients died without effective sedation due to sudden onset of symptoms in the night that were managed by non-palliative care specialists. Sedation is significant procedure within the practice of a tertiary Palliative Care service and it is required for two main indications: management of acute terminal respiratory failure or bleeding (44 cases), and of agitated delirium (14 cases).