

Table 24-4: Symptom Management at the End of Life

Symptom	Management
Fatigue and weakness	Turn patient from side to side, protecting bony prominences with hydrocolloid dressing to prevent formation of pressure ulcers.
Loss of thirst	Explain normal dying process; intravenous fluids can actually increase secretions, edema, and discomfort.
Dry mouth	Moisten oral mucosa with baking soda mouthwash (1 teaspoon salt, 1 teaspoon baking soda, 1 quart tepid water) or artificial saliva. Coat lips with petroleum jelly.
Pain	Watch for delirium or muscular fasciculations related to opioid metabolite accumulation as renal function declines; dosing interval may need to be decreased just before death.
Myoclonic jerks	Benzodiazepines, such as lorazepam 1-2 mg tablet dissolved in 1 ml water and administered to oral mucosa; may need hourly dosing.
Delirium	Haloperidol 0.5-2.0 mg IV, SQ, or rectally; chlorpromazine 10-25 mg q6 is more sedating; both may need titration.
Loss of ability to swallow	Stop oral intake to prevent aspiration; scopolamine 1-3 transdermal patches as frequently as needed or glycopyrrolate 0.2 mg sq, will reduce saliva.