

## CONFUSIONAL STATES IN ADVANCED CANCER

### 1. Identifying Causes

Consider non-cancer causes:-

**Drugs** Sedatives, Opioids, Anti-psychotics, Anti-depressants,  
NSAID's, Steroids.

**Constipation, Urinary Retention**

**Infection, Urinary, Respiratory.**

**Cardio-Vascular, C.V.A., L.V.F, Anaemia, M.I.**

Consider Cancer related causes:-

**Biochemical Disturbances:-** Renal Failure, Hypercalcaemia, SIADH.

**Cerebral Metastasis.**

**Respiratory Failure:-** Pulmonary Metastasis, Pleural Effusion.

**Traumatic Event:-** Escalating Pains, Haemorrhage, Fracture long bone.

**Psychological:-** Fear, Anxiety, Emotional Pains.

### 2. Useful Investigations:-

Hb, FBC, U and E's, Bone Profile, M.S.U., Blood Sugar, Cerebral CT,  
Chest Xray.

### 3. Management:-

Treat reversible cancers  
Reassure Patient's and Staff

Thioridazine 10 – 25mgs P.O. 4-6 Hourly

#### Emergency Drugs for acute confusion:-

In absence of abnormal experience or behaviour

Midazolam 10 – 20mgs SC.  
SC. (20 –120mgs./24Hours)

Diazepam 10 – 20mgs. P.R. T.D.S.

In the presence of abnormal experience or behaviour

#### With minimal sedation

Haloperidol 2.5 – 10mgs. PO. SC.  
SC. (5 – 60mgs./24Hourly)

#### With Sedation

Chlorpromazine 25 – 200mgs. PO. IM. SC.  
Methotrimeprazine 12.5 – 25 mgs. PO. SC.  
SC. (25 – 200mgs./24Hours)