

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

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)