

**Neuroleptic Administration to Oncologic Patients Under Palliative Care**

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Introduction: Difficulties in controlling symptoms such as pain, breathlessness or delirium in palliative care patients, may require sedation as therapeutic strategy. Objective: To study the drugs administered to patients under Palliative Care Sedation (PCS) and its possible side effects. Methods: Our retrospective study included 40 oncological patients with mean age of 69+14.12 years old, under PCS. Results: Morphine 0.35mg/kg/day, administered to 22,5% (9) patients, caused reduction of systolic blood pressure in 23.61%, diastolic blood pressure in 27.08%, heart rate in 6.09%, body temperature in 2.59%, respiratory rate in 18.26%. Morphine 0.35mg/kg/day associated with midazolam 0.42mg/kg/day, given to 35%(14) patients, caused reduction of systolic blood pressure in 24.63%, diastolic blood pressure in 27.58%, heart rate in 1.56%, body temperature in 1.58%, respiratory rate in 27.66%. The association of chlorpromazine 0.62mg/kg/day to morphine 0.35mg/kg/day and midazolam 0.42mg/kg/day administered to 42,5% (17) patients, also caused reduction of systolic blood pressure in 22.38%, diastolic blood pressure 20.00%, body temperature 1.79%, respiratory rate 22.00%, but the heart rate increased in 15.88%. The variations of vital signs were obtained by records registered right before the palliative care sedation had initiated and the values recorded in patients' last day of life. The sedation period was 2,40+0,23days. Conclusion: The association of neuroleptics could conduct to extrapyramidal motor agitation, in this case of deeply sedated patients it could be signed by the increase of the heart rate. Considering the short period of time between the beginning of sedation and the patients' death; and that palliative sedation should not include the hastening of patients' death, we suggest a better drug association criteria.