Supplementary material

Supplementary material 2: A case of a high dose sedative

The patient, a 64-year-old male, was diagnosed with pancreatic cancer for more than one year, with cervical lymph node and lung metastasis. He was admitted with abdominal pain for 3 months. The long-term analgesic effects of morphine hydrochloride sustained-release tablets and fentanyl transdermal patch were not satisfactory outside the hospital. Patients suffer from severe anxiety and suicidal tendencies. After admission, the NRS score was 10, the Self-Rating Anxiety Scale (SAS) score was 72, and the Self-rating Depression Scale (SDS) score was 63. Doctors gave him morphine and ketamine for pain relief, and nurses gave him comfortable care. At the same time, social workers gave him psychological and spiritual comfort. But the pain symptoms of the patient could not be effectively relieved. Instead, the patient had aggressive behaviors (suicidal tendencies), and the patient himself felt refractory psychological distress, as well as his family members. Considering the patient's combined physical and psychological suffering. Continuous palliative sedation was administered on the 8th day after admission after discussion in the general department and consent of the family members. Midazolam was rapidly induced sedation. the Ramsay Scale score was 4 points, during which the patient woke up with agitation, gradually adjusted the drugs, and sedation was combined with midazolam and chlorpromazine. The pre-death dose of chlorpromazine was 900mg/ day and the pre-death dose of midazolam was 214mg/ day.