### Patient meets Inclusion/Exclusion Criteria

Patient must meet the following criteria:

#### Inclusion Criteria
- Displays agitated behavior (see scale)

#### Exclusion Criteria
- Per physician discretion, if strong suspicion for any of the following:
  - Metabolic disturbance
  - History of Neuroleptic Malignant Syndrome (NMS)
  - Traumatic Brain Injury (TBI)
  - Fever
  - Recent seizure activity
  - Vital sign instability
  - Previous PRN(s) were ineffective, caused allergic or paradoxical reaction, consult psychiatry for treatment plan
  - Agitated delirium: if suspected, consult psychiatry for treatment plan and next steps

### Steps for Management

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implement De-escalation Strategies</strong></td>
<td><strong>Interventions</strong></td>
<td><strong>Pharmacology Measures</strong></td>
</tr>
</tbody>
</table>
| - Use therapeutic communication  
  - Decrease stimulation (dimmed lights/quiet room)  
  - Offer food and/or drink  
  - Order/administer home medications (if due)  
  - Provide age appropriate diversions and distractions  
  - Avoid unnecessary demands/tasks  
  - Provide choices when able  
  - Consult BMH Team | - Ensure safety of patient, staff, and others in area  
  - Ensure environmental safety (in ED, place in BMH Safe Room)  
  - Consult:  
    - Child Life  
    - BMH Specialist  
    - Psychiatry  
  - Call Code BERT for moderate/severe agitation  
  - Utilize BMH protective equipment if needed  
  - Evaluate for cause of agitation | - Choose medication based on patient-specific needs and history (see chart below)  
  - Note: For <6y.o., assess underlying medical condition leading to agitation. Reference chart on page 2 for dosing guidelines. |

### Specific Treatment by Cause or Etiology

#### Unknown Etiology or Other Known Psychiatric Diagnosis

- Continually reevaluate for cause; for known diagnosis, assess home medications, and administer if due  
  - Consider (PO/IV) diphenhydramine

#### Autism Spectrum / Developmental Delay

- Assess for constipation, dental pain, or other sources of pain  
  - Reference Coping Plan  
  - Consult MAC  
  - Sensory items (weighted blankets, noise cancelling headphones, tactile toys, Vecta machine, etc.)  
  - Ask about prior medication responses  
  - Avoid BZD and IM route  
  - Extra dose of patient’s regularly scheduled medication  
  - If no scheduled medications:
    - (PO) risperidone or (PO) chlorpromazine

#### Substance Intoxication or Withdrawal

- Assess History, Utox, physical exam  
  - Assess for co-ingestion  
  - Consider poison control  
  - Consider holding medications until medical workup complete  
  - If the patient has EtOH/BZD withdrawal, Stimulant/PCP Intoxication, Unknown Substance or Neg UTox:
    - (PO/IV) lorazepam
    - If patient has EtOH/BZD Intoxication:
      - (PO) chlorpromazine
    - If patient has Opiate Withdrawal:
      - (PO) clonidine  
      - Treat physical symptoms as needed (ibuprofen, Maalox, loperamide, ondansetron, dicyclomine)

### Code BERT Response

- Designated individuals respond to Code BERT:  
  - BMH Nurses & Techs  
  - Security  
  - House Supervisor  
  - Charge RN  
  - Primary RN  
  - PCT/PSS  
  - Social Work/BMH Specialists  
  - Provider  
  - Involved staff provide situational overview  
  - Response team members de-escalate immediate threat  
  - Event debriefing conducted by BMH Staff, plan to prevent future escalations shared, Coping Plan Activated or Updated

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Developed through the efforts of Children’s Healthcare of Atlanta and physicians on Children’s medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional care standard governing providers’ obligation to patients. Ultimately the patient’s physician must determine the most appropriate care. © 2016 Children’s Healthcare of Atlanta, Inc.
## Medication Table for Agitation / Aggressive Behavior

<table>
<thead>
<tr>
<th>Medication</th>
<th>Route</th>
<th>Standard Dosing for &lt; 6 y.o.*</th>
<th>Standard Dosing for 6-12 y.o.</th>
<th>Standard Dosing for ≥ 13 y.o.</th>
<th>Frequency (PRN)</th>
<th>Notes/Monitoring</th>
<th>Peak Effect</th>
<th>Max Daily Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenhydramine</td>
<td>PO, IM, or IV</td>
<td>1 mg/kg/dose (max 50 mg)</td>
<td>12.5 - 25 mg</td>
<td>25 - 50 mg</td>
<td>q6hr</td>
<td>• Avoid in delirium • Paradoxical effect</td>
<td>PO: 2 hours</td>
<td>• Child: 50-100 mg • Adolescent: 100-200 mg</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>PO, IM, or IV</td>
<td>0.05-0.1 mg/kg/dose (max 2 mg)</td>
<td>0.5 - 1 mg</td>
<td>1 - 2 mg</td>
<td>q6hr</td>
<td>• Do not give with olanzapine ** • Respiratory depression • Paradoxical effect</td>
<td>IV: 10 min PO/IM: 1-2 hours</td>
<td>• Child: 4 mg • Adolescent: 6-8 mg depending on weight/prior medication exposure</td>
</tr>
<tr>
<td>Clonidine</td>
<td>PO</td>
<td>N/A</td>
<td>0.05 mg</td>
<td>0.1 mg</td>
<td>q6hr</td>
<td>• Monitor for hypotension and bradycardia</td>
<td>PO: 30-60 min</td>
<td>• 27-40.5 kg: 0.2 mg/day • 40.5-45 kg: 0.3 mg/day • &gt;45 kg: 0.4 mg/day</td>
</tr>
<tr>
<td>Chlorpromazine</td>
<td>PO or IM</td>
<td>0.55 mg/kg/dose</td>
<td>12.5 - 25 mg</td>
<td>25 - 50 mg</td>
<td>q4hr</td>
<td>• Monitor for hypotension and QT prolongation • EKG recommended</td>
<td>PO: 30-60 min IM: 15 min</td>
<td>• Child &lt;5yo: 40 mg/day • Child &gt;5yo: 75 mg/day</td>
</tr>
<tr>
<td>Haloperidol</td>
<td>PO or IM</td>
<td>0.05 - 0.15 mg/kg/dose</td>
<td>2.5 mg</td>
<td>5 mg</td>
<td>q4hr</td>
<td>• Monitor for hypotension and QT prolongation • Give with Benadryl to avoid extrapyramidal symptoms (EPS) • Consider EKG, especially for IM administration</td>
<td>PO: 2 hours IM: 20 min</td>
<td>• 15-40 kg: 6 mg • &gt;40 mg: 15 mg Depending on prior antipsychotic exposure</td>
</tr>
<tr>
<td>Risperidone</td>
<td>PO (ODT)</td>
<td>N/A</td>
<td>0.25 - 0.5 mg</td>
<td>0.5 - 1 mg</td>
<td>q6hr</td>
<td>• Monitor for hypotension and bradycardia</td>
<td>PO: 1 hour</td>
<td>Depending on antipsychotic exposure • Child: 1-2 mg • Adolescent: 2-3 mg</td>
</tr>
</tbody>
</table>

* For children < 6 y.o., assess for underlying medical conditions leading to agitation, including, but not limited to: Ingestion, metabolic disturbance, delirium, pain, developmental delay / autism. Prior to using medications, consult with psychiatry and pharmacy as dosing recommendations are limited for children < 6 y.o.

** Due to risk for respiratory suppression

*** Extrapyramidal Symptoms (EPS): Involuntary contractions of muscles in the face, neck, trunk, pelvis, extremities

**** Neuroleptic Malignant Syndrome (NMS): A rare, but serious adverse event of antipsychotics that require immediate care: Signs and symptoms of NMS include: Fever, Altered mental status, Muscular rigidity, Autonomic dysfunction