Emergency Department Clinical Practice Guideline
Agitation/Aggressive Behavior

Final 5/23/2016
Revision Final 2/7/19
Revision FINAL 4/5/22

Patient meets Inclusion/Exclusion Criteria [1,2]

Assess agitation level

Mild Agitation
- Verbal aggression
- Increased restlessness, nervousness, and/or demands
- No immediate threat to self and/or others

Moderate Agitation
- Aggression towards objects or property
- Potential threat to self and/or others

Severe Agitation
- Aggression to self or others
- Imminent threat to self/others

Steps for Management

1 Implement De-Escalation Strategies
- 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

2 Interventions
- 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

3 Pharmacology Measures
- 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	Autism Spectrum / Developmental Delay	Substance Intoxication or Withdrawal
Mild Agitation	• Continually reevaluate for cause; for known diagnosis, assess home medications, and administer if due • Consider (PO/IV) diphenhydramine	• 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	• Assess history, Utox, physical exam • Assess for co-ingestion • Consider poison control • Consider holding medications until medical workup complete
Moderate Agitation	• (PO/IV) lorazepam -or- • (PO) chlorpromazine	Avoid BZD and IM route Extra dose of patient's regularly scheduled medication. If no scheduled medications: • (PO) risperidone or • (PO) chlorpromazine	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)
Severe Agitation	• (PO/IM) chlorpromazine + lorazepam -or- • (PO/IM) haloperidol + diphenhydramine + lorazepam	• (PO/IM) chlorpromazine	• (PO/IM) chlorpromazine + lorazepam

[1]Inclusion Criteria
- Displays agitated behavior (see scale)

[2]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

Key Definitions
Utox: urine toxicology
PCP: phencyclidine
EtOH: ethanol
BZD: benzodiazepines
MAC: Marcus Autism Center

Definitions of Intent for Medications
Medication is administered to treat symptoms of mental illness and to enable patient to effectively function and communicate with staff. Opt for lower recommended doses so patient can participate in their own care while promoting staff and patient safety

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

Medication Table for Agitation / Aggressive Behavior

Medication Dosing Guidelines

Medication	Route	Standard Dosing for < 6 y.o.*	Standard Dosing for 6-12 y.o.	Standard Dosing for ≥ 13 y.o.	Frequency (PRN)	Notes/Monitoring	Peak Effect	Max Daily Dose
DiphenhydrAMINE *(Benadryl)*	PO, IM, or IV	1 mg/kg/dose (max 50 mg)	12.5 - 25 mg	25-50 mg	q6hr	•Avoid in delirium •Paradoxical effect	PO: 2 hours	•Child: 50-100 mg •Adolescent: 100-200 mg
LORazepam *(Ativan)*	PO, IM, or IV	0.05-0.1 mg/kg/dose (max 2 mg)	0.5 - 1 mg	1-2 mg	q6hr	•Do not give with olanzapine** •Respiratory depression •Paradoxical effect	IV: 10 min PO/IM: 1-2 hours	•Child: 4mg •Adolescent: 6-8mg depending on weight/prior medication exposure
Clonidine	PO	N/A	0.05 mg	0.1mg	q6hr	•Monitor for hypotension and bradycardia	PO: 30-60 min	•27-40.5 kg: 0.2mg/day •40.5-45 kg: 0.3mg/day •>45 kg: 0.4mg/day
The below medications have monitoring requirements: •Hypotension •Extrapyramidal Symptoms (EPS) *** •Neuroleptic Malignant Syndrome (NMS) ****								
ChlorproMAZINE *(Thorazine)*	PO or IM	0.55 mg/kg/dose	12.5 - 25 mg	25-50 mg	q4hr	•Monitor for hypotension and QT prolongation •EKG recommended	PO: 30-60 min IM: 15 min	•Child <5yo: 40mg/day •Child >5yo: 75mg/day
Haloperidol (Haldol)	PO or IM	0.05 - 0.15 mg/kg/dose	2.5 mg	5mg	q4hr	•Monitor for hypotension and QT prolongation •Give with Benadryl to avoid extrapyramidal symptoms (EPS) •Consider EKG, especially for IM administration	PO: 2 hours IM: 20 min	•15-40 kg: 6mg •>40mg: 15 mg Depending on prior antipsychotic exposure
Risperidone *(Risperdal)*	PO (ODT)	N/A	0.25 - 0.5 mg	0.5 - 1 mg	q6hr	•Monitor for hypotension and bradycardia	PO: 1 hour	Depending on antipsychotic exposure •Child: 1-2 mg •Adolescent: 2-3mg

*** For children < 6y.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**