INCLUSION CRITERIA
- Displays agitated behavior (see scale)
- Established or Suspected Psychiatric Diagnosis

EXCLUSION CRITERIA
Per physician discretion, if strong suspicion for any of the following:
- Metabolic disturbance
- Alcohol and/or other ingestions
- Drug withdrawal syndrome
- Traumatic Brain Injury (TBI)
- Known substance abuse
- Fever

INTERVENTIONS
- Ensure safety of patients, staff and others in the area
- Screen for suicide using the ASQ and reference Policy 2.04 for appropriate interventions
- Place in safe room
- Identify and remove agitation triggers
- Consult Child Life
- Consider Psychiatry Consult
- Activate Hospital Security as appropriate

DE-ESCALATION TOOLS
- Use therapeutic communication skills
- Avoid Lab & IV Sticks until MD assessment is complete
- Dimmed lights
- Quiet room
- Order/administer home medications (if due)
- Praise appropriate behavior
- Offer food and/or drink
- Provide age appropriate diversions and distractions
- Set limits as needed

DEFINITIONS OF INTENT FOR MEDICATIONS
Calm: Intention of medication to ease symptoms so patient can communicate with staff; opt for lower recommended doses so patient can participate in their own care
Restrain: Use is limited to emergency situations in which there is an imminent risk of a patient physically harming him/herself or others and when least restrictive interventions are ineffective in containing or redirecting the behavior
- Medication as a chemical restraint is when the intent is to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition

MONITORING FOR ALL LISTED MEDICATIONS
Some medications have additional monitoring requirements listed on page 2 in medication table
ALL medications administered on page 2 should be monitored for the following:
- Hypotension
- Dystonic Reaction-involuntary contractions of muscles in the face, neck, trunk, pelvis, extremities
- Assess every 15 minutes until awake and alert
- Vital signs every 1 hour, unless otherwise indicated
- Neuroleptic Malignant Syndrome (NMS) is 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
## Medication Table for Agitation/Aggressive Behavior

### Moderate Agitation

<table>
<thead>
<tr>
<th>Medication</th>
<th>Standard mg/kg Dose with Max Single Dose</th>
<th>Dose Recommended to CALM</th>
<th>Additional Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphenhydramine (Benadryl)</td>
<td>1mg/kg/dose PO; Max dose 50mg</td>
<td>12.5-50mg PO</td>
<td>Paradoxical effect</td>
</tr>
<tr>
<td>Hydroxyzine (Vistaril)</td>
<td>0.5 mg/kg/dose PO Max &lt; 6 yrs: 25 mg Max 6-12 yrs: 50 mg</td>
<td>&lt; 6 yo: 12.5 mg PO 6-12 yo: 25-50 mg PO</td>
<td>Paradoxical effect</td>
</tr>
<tr>
<td>Lorazepam (Ativan)</td>
<td>0.05-0.1 mg/kg/dose PO Max dose 2 mg</td>
<td>0.25-1mg PO</td>
<td>Respiratory depression Paradoxical effect</td>
</tr>
<tr>
<td>Chlorpromazine (Thorazine)</td>
<td>0.55mg/kg/dose PO; Max dose 50mg</td>
<td>12.5-25mg PO</td>
<td>EKG recommended if: &lt;12 yo: 200mg within 24 hours &gt;12 yo: 500mg within 24 hours</td>
</tr>
<tr>
<td>Quetiapine (Seroquel)</td>
<td>Standard dosing not weight based Max dose 50mg</td>
<td>&lt;10 yo: 6.25-12.5mg PO &gt;10 yo: 12.5-25 mg PO</td>
<td>EKG recommended if: &gt;600mg in 24 hours</td>
</tr>
</tbody>
</table>

### Severe Agitation

#### Medication Combinations

<table>
<thead>
<tr>
<th>Medication</th>
<th>Standard mg/kg Dose with Max Single Dose for Severe Agitation</th>
<th>Dose Recommended to Restrain</th>
<th>Additional Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haloperidol (Haldol) AND Lorazepam (Ativan)</td>
<td>Haloperidol IM/PO: 0.05-0.15 mg/kg/dose Max 5 mg Lorazepam IM/PO: 0.05-0.1 mg/kg/dose; Max dose 2 mg</td>
<td>&lt;6 yo: Consult Psychiatry 6-12 yo: 1.25-5mg IM/PO &gt;12 yo: 2.5-5 IM/PO</td>
<td>May repeat q 4hrs until sedated EKG recommended if: 6-12 yo: 10mg within 24 hours &gt;12 yo: 20mg within 24 hours Respiratory depression Paradoxical effect</td>
</tr>
<tr>
<td>Haloperidol (Haldol) AND Diphenhydramine (Benadryl)</td>
<td>Haloperidol IM/PO: 0.05-0.15 mg/kg/dose Max 5mg Diphenhydramine IM/PO: 1mg/kg/dose; Max 50mg</td>
<td>&lt;6 yo: Consult Psychiatry 6-12 yo: 1.25-2.5mg IM/PO &gt;12 yo: 2.5-5 IM/PO</td>
<td>May repeat q 4hrs until sedated EKG recommended if: 6-12 yo: 10mg within 24 hours &gt;12 yo: 20mg within 24 hours Respiratory depression Paradoxical effect</td>
</tr>
</tbody>
</table>

#### Alternative Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Standard mg/kg Dose with Max Single Dose for Severe Agitation</th>
<th>Dose Recommended to Restrain</th>
<th>Additional Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlorpromazine (Thorazine)</td>
<td>0.55mg/kg IM/PO; Max 50 mg</td>
<td>IM/PO:&lt;12yo 12.5-50mg &gt;12yo 25-100mg</td>
<td>EKG recommended if: &lt;12 yo: 200mg within 24 hours &gt;12 yo: 500mg within 24 hours</td>
</tr>
<tr>
<td>Olanzapine (Zyprexa)</td>
<td>Standard dosing not weight based; Max 10mg</td>
<td>PO only:&lt;6 yo: Consult Psychiatry 6-12 yo: 1.25-2.5mg &gt;12yo: 2.5-10mg</td>
<td>Max daily dose: 6-12 yo: 10mg &gt;12 yo: 20mg</td>
</tr>
<tr>
<td>Quetiapine (Seroquel)</td>
<td>Standard dosing not weight based; Max 200mg</td>
<td>PO only:&lt;10 yo: Consult Psychiatry 10-18 yo: 50-200mg</td>
<td>EKG recommended if: &gt;600mg within 24 hours</td>
</tr>
<tr>
<td>Risperidone (Risperdal)</td>
<td>0.01mg/kg PO; Max 3mg</td>
<td>PO only:&lt;6 yo: Consult Psychiatry 6-12yo: 0.25-1mg &gt;12yo: 0.5-3mg</td>
<td>Max daily dose: 6-12 yo: 3mg &gt;12 yo: 6mg</td>
</tr>
<tr>
<td>Ziprasidone (Geodon)</td>
<td>0.2mg/kg IM; Max 20mg</td>
<td>IM only:&lt;6 yo: Consult Psychiatry 6-12 yo: 5-10mg &gt;12 yo: 10-20mg</td>
<td>EKG recommended if: 6-10 yo: 10mg within 24 hours 11-12 yo: 20mg within 24 hours &gt;12 yo: 40mg within 24 hours</td>
</tr>
</tbody>
</table>

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. © 2019 Children’s Healthcare of Atlanta, Inc.