



¹INCLUSION CRITERIA

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

²EXCLUSION 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

³INTERVENTIONS

- 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

⁴DE-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

⁵DEFINITIONS OF INTENT FOR MEDICATIONS

- Calm:** Intent 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

⁶MONITORING 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	Medication	Standard mg/kg Dose with Max Single Dose	Dose Recommended to CALM ⁵	Additional Monitoring
	DiphenhydrAMINE (<i>Benadryl</i>)	1mg/kg/dose PO; Max dose 50mg	12.5-50mg PO	Paradoxical effect
	HydrOXYzine (<i>Vistaril</i>)	0.5 mg/kg/dose PO Max < 6 yrs : 25 mg Max 6-12 yrs: 50 mg	< 6 yo : 12.5 mg PO 6-12 yo: 25-50 mg PO	Paradoxical effect
	LORazepam (<i>Ativan</i>)	0.05-0.1 mg/kg/dose PO Max dose 2 mg	0.25-1mg PO	•Respiratory depression •Paradoxical effect
	ChlorproMAZINE (<i>Thorazine</i>)	0.55mg/kg/dose PO; Max dose 50mg	12.5-25mg PO	EKG recommended if: <12 yo: 200mg within 24 hours >12 yo: 500mg within 24 hours
	QUetiapine (<i>Seroquel</i>)	Standard dosing not weight based Max dose 50mg	≤10 yo: 6.25-12.5mg PO >10 yo: 12.5-25 mg PO	EKG recommended if: >600mg in 24 hours

Severe Agitation Medication Combinations	Medication	Standard mg/kg Dose with Max Single Dose for Severe Agitation	Dose Recommended to Restrain ⁵	Additional Monitoring	
	Haloperidol (<i>Haldol</i>) AND LORazepam (<i>Ativan</i>)	Haloperidol IM/PO 0.05-0.15 mg/kg/dose Max 5 mg	<6 yo: Consult Psychiatry 6-12 yo: 1-2.5mg IM/PO >12 yo: 2.5-5mg IM/PO	•May repeat q 4hrs until sedated •EKG recommended if: 6-12 yo: 10mg within 24 hours >12 yo: 20mg within 24 hours	
		LORazepam IM/PO 0.05-0.1 mg/kg/dose; Max dose 2mg	1-2mg IM/PO	•Respiratory depression •Paradoxical effect	
	OR				
	Haloperidol (<i>Haldol</i>) AND DiphenhydrAMINE (<i>Benadryl</i>)	Haloperidol IM/PO 0.05-0.15 mg/kg/dose Max 5mg	<6 yo: Consult Psychiatry 6-12 yo: 1-2.5mg IM/PO >12 yo: 2.5-5 IM/PO	•May repeat q 4hrs until sedated •EKG recommended if: 6-12 yo: 10mg within 24 hours >12 yo: 20mg within 24 hours	
		Diphenhydramine IM/PO 1mg/kg/dose; Max 50 mg	25-50mg IM/PO	Paradoxical effect	

Severe Agitation Alternative Medications	Medication	Standard mg/kg Dose with Max Single Dose for Severe Agitation	Dose Recommended to Restrain ⁵	Additional Monitoring
	ChlorproMAZINE (<i>Thorazine</i>)	0.55mg/kg IM/PO; Max 50 mg	IM/PO: ≤12yo 12.5-50mg >12yo 25-100mg	EKG recommended if: <12 yo: 200mg within 24 hours >12 yo: 500mg within 24 hours
	OLANzapine (<i>Zyprexa</i>)	Standard dosing not weight based; Max 10mg	PO only: <6 yo: Consult Psychiatry 6-12 yo: 1.25-2.5mg >12yo: 2.5-10mg	Max daily dose: 6-12 yo: 10mg >12 yo: 20mg
	QUetiapine (<i>Seroquel</i>)	Standard dosing not weight based; Max 200mg	PO only: <10 yo: Consult Psychiatry 10-18 yo: 50-200mg	EKG recommended if: >600mg within 24 hours
	RisperiDONE (<i>Risperdal</i>)	0.01mg/kg PO; Max 3mg	PO only: <6 yo: Consult Psychiatry 6-12yo: 0.25-1mg >12yo: 0.5-3mg	Max daily dose: 6-12 yo: 3mg >12 yo: 6mg
	Ziprasidone (<i>Geodon</i>)	0.2mg/kg IM; Max 20mg	IM only: <6 yo: Consult Psychiatry 6-12 yo: 5-10mg >12 yo: 10-20mg	EKG recommended if: 6-10 yo: 10mg within 24 hours 11-12 yo: 20mg within 24 hours >12 yo: 40mg within 24 hours