Acute Management of Agitated/Aggressive Behavior

CCHOC

Inclusion Criteria:

New Emergency Department patients and/or Inpatients with aggression; Patients with medical
conditions/somatic factors (i.e. pain/discomfort/possible withdrawal) that have been addressed but
agitation continues

Exclusion Criteria:

- Patients < 4 years old
- Patients who have been seen by psychiatry and have a specific care plan
- Patients experiencing delirium
- Patients with known adverse reactions to medications listed, contraindication to class of medication due to other medical condition (such as Long QT syndrome – be cautious using antipsychotic)
- Patients in MHIC (who have access to psychiatrist 24/7)

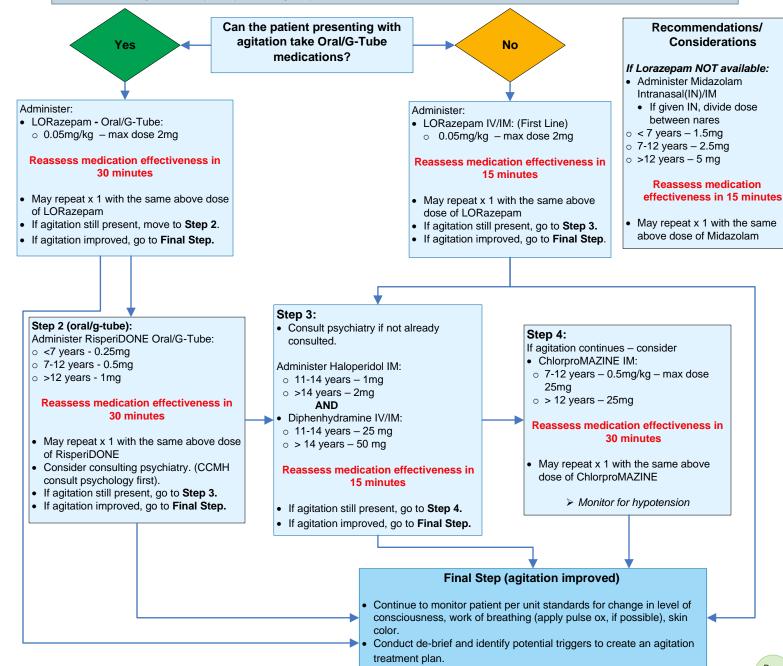
The following information is intended as a general non-etiology focused guideline for the acute management of patients with acute agitation/aggression.

Management of the patient may require a more individualized approach.

Please consider consulting psychiatry, particularly if agitation remains persistent.

Frequent assessments (for change in level of consciousness, work of breathing, skin color) and de-escalation techniques should be used throughout every step of this algorithm. However, if a patient's agitation does not improve/decrease with de-escalation:

- Consider medical conditions/somatic factors (i.e. address pain/discomfort/possible withdrawal) as the source of agitation.
- Consider offering oral symptomatic-specific medication. If patient on a home antipsychotic or alpha-agonist, can consider extra dose.
- If a patient is experiencing paradoxical reactions (i.e. worsening agitation to benzodiazepines), please consult psychiatry.
- Consider utilizing manual hold or violent restraints if patient is an immediate threat to self or others.
 - o Refer to Policy D429: Restraint (Excluding MHIC) for additional assessment components.
- · Consider calling a Code Grey at anytime during this process.



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Behavioral Calming Interventions for Agitated Patients

- · Clearly introduce yourself
- Maintain a safe distance from the patient (anger = distance x 2)
- Use simplified language, a soft voice, and slow movements
- Explain what will happen
- Reduce environmental stimulation, if possible (less noise or light, fewer people)
- Remove access to breakable objects/equipment
- Allow room for pacing, if possible
- Offer food or drink, which is inherently calming
- Reassure child that you are there to keep him or her safe, that this is your job
- Listen and empathize (a treatment cornerstone)
- Tell child how you plan to honor his or her reasonable requests
- Clarify the child's goal and then try to link his or her cooperation to that goal
- Find things for the child to control, like choice of drinks
- Engage available consultants: security, social work, child life, psychology, psychiatry
- Offer distracting toys/sensory modalities video games
- Remain engaged; perceived ignoring may encourage escalations
- Remember not to take their anger personally
- Provide positive affirmations

When administering multiple medications, refer to the appropriate compatibility reference.

Medication side effects to watch for:

• LORazepam:

- Sedation, respiratory depression
- Paradoxical reaction, particularly among patients with neurological developmental delays or delirium. If such a reaction occurs, do not continue to administer.

• Haloperidol:

- IV administration reserved for Critical Care Areas only (monitor ECG closely for QT effects and arrhythmias).
- Monitor for sedation and respiratory depression.
- Use caution in patients with the following conditions as this medication increases the risk of QT effects and arrhythmias: electrolyte abnormalities, hypothyroidism, familial long QT syndrome, and concomitant medications that may cause QT prolongation or any underlying cardiac abnormalities.
- · Monitor for EPS.

RisperiDONE:

- Dystonia, neuroleptic malignant syndrome (rare), sedation, reduced seizure threshold.
- Mild QT increase.
- Monitor for EPS.

Extrapyramidal Symptoms (EPS): Symptoms include involuntary or uncontrollable movements, tremors, and muscle contraction/stiffness. Immediately notify the provider if a patient is experiencing EPS. Symptoms can develop shortly after an antipsychotic medication is administered; however, symptoms can also develop hours to days later. Benadryl is typically administered with certain antipsychotics (i.e., Haloperidol) to prevent EPS.

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References Acute Management of Agitated/Aggressive Behavior

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