Pediatric Emergency Acute Agitation Pathway

**Agitation Triage Screening Tool**

- Presenting sign: Agitation not controlled with de-escalation strategies

**De-escalation strategies**

- **Environmental**: Reduce stimulation (dim lights, favorite music/TV show)
- **Behavioral**: Child-life, verbal re-direction, distraction, age-appropriate direction, set reasonable limits, explain consequences
- **Psychological**: 1-on-1 verbal support, open ended questions, listen without rushing, remain calm, care for pain/hunger

*See page 2 for more de-escalation strategies

*Never threaten restraints*

**Staff Safety is Vital**

- Assess room and patient belongings for safety
- 1:1 sitter for patients with SI/HI

**RERAINT USE**

- There is no negotiation for restraint use. When they are needed they should be used, but only when necessary for patient/staff safety.
- Minimum of 2 staff per child (usually more)
- Must have continuous monitoring
- Reassess within 15 minutes by MD and RN
- Place patient supine with head of bed elevated and allow neck range of motion
- NEVER use choke holds or cover the patient’s face
- AVOID prone positioning
- AVOID use in intoxicated and obese patients
- AVOID use in medically compromised and unstable patients

**NOTE**: This pathway is NOT intended for patients with suspected overdose

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**MD/RN Swarm**

- Identify suspected cause

**Substance Related**

- Alcohol or Benzo Intoxication
- Opiate Withdrawal
- Others or Unknown
  - Haloperidol
  - Methadone/Buprenorphine (please refer to institutional guidelines)
  - Lorazepam + Haloperidol (for hallucinations or severe agitation)

**Developmental Delay, Autism**

- Ask about prior medication responses
  - Extra home medication dose OR Clonidine OR Diphenhydramine OR Olanzapine
  - Avoid benzodiazepines
  - Avoid intramuscular medications

**Delirium, Inattention, Disorganization**

- Avoid opiates
- Avoid benzodiazepines
- Avoid anticholinergics

**Primary Psychiatric Problem**

- Catatonia
- Anxiety, PTSD
- ODD, Conduct Disorder
- ADHD
- Mania, Psychosis
  - Lorazepam
  - Lorazepam OR Clonidine
  - Lorazepam OR Olanzapine
  - Clonidine OR Diphenhydramine
  - Extra home medication dose OR Olanzapine OR Lorazepam + Haloperidol

**Undifferentiated**

- Mild
  - Continue de-escalation strategies
- Moderate
  - Lorazepam OR Olanzapine OR Diphenhydramine
- Severe
  - Lorazepam + Haloperidol OR Olanzapine
<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>MAX DAILY DOSE</th>
<th>MONITOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olanzapine</td>
<td>2.5 – 10 mg PO/ODT, 1.25 – 5 mg IM</td>
<td>PO 20 min</td>
<td>PO 5-6 hr</td>
<td>10-20 mg</td>
<td>Can cause respiratory depression</td>
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<tr>
<td>(Antipsychotic)</td>
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<tr>
<td>Haloperidol</td>
<td>0.025-0.075 mg/kg PO/IM (usual range 0.5 – 5 mg/dose)</td>
<td>PO 1 hr</td>
<td>PO 2-3 hr</td>
<td>15-40 kg: 6 mg &gt;40 kg: 15 mg</td>
<td>Causes hypotension and QT prolongation. Can also cause extrapyramidal symptoms (treated with diphenhydramine)</td>
</tr>
<tr>
<td>(Antipsychotic)</td>
<td></td>
<td>IM 15 min</td>
<td>IM 15-45 min</td>
<td></td>
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</tr>
<tr>
<td>Diphenhydramine</td>
<td>1 mg/kg PO or IM (usual range 12.5 – 50 mg/dose)</td>
<td>PO 1 hr</td>
<td>PO 2-3 hr</td>
<td>Child: 50-100 mg Adolescent: 100-200 mg</td>
<td>Causes delirium and disinhibition</td>
</tr>
<tr>
<td>(Anticholinergic)</td>
<td></td>
<td>IM 15 min</td>
<td>IM 2 hr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clonidine</td>
<td>0.025-0.1 mg/dose PO</td>
<td>PO 30-60 min</td>
<td>PO 2-4 hr</td>
<td>27-40.5 kg: 0.2 mg 40.5-45 kg: 0.3 mg &gt;45 kg: 0.4 mg</td>
<td>Causes hypotension, bradycardia, and in those &lt; 12 years disinhibition</td>
</tr>
<tr>
<td>(Alpha-2-agonist)</td>
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<tr>
<td>Lorazepam</td>
<td>0.05 – 0.1 mg/kg PO/IM/IV (usual range 0.5 – 2 mg/dose)</td>
<td>PO 20-30 min</td>
<td>PO/IM: 1-2 hr</td>
<td>Child: 4 mg Adolescent: 6-8 mg</td>
<td>Can cause delirium and disinhibition in younger and developmentally delayed children</td>
</tr>
<tr>
<td>(Benzodiazepine)</td>
<td></td>
<td>IM 15-30 min</td>
<td>IV: 10 min</td>
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</tbody>
</table>

De-escalation strategies:

- **Respect personal space**: Keep at least a 2-arm length distance
- **Body Language**: Keep a calm demeanor, facial expression and posture.
- **Ask patient/caregiver what helps**: Ask about specific techniques, tools that have helped in the past.
- **Reward cooperation**
- **Active listening**
- **Build empathy**

**DO NOT** give benzodiazepines and olanzapine within 1 hour of each other due to the increased risk of respiratory depression.

References:


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