### Organic (Many are reversible)
- Rapid onset
- No prior history
- Visual-olfactory-tactile hallucinations
- Cognitive deficits

### Glucose: hypoglycemia or other metabolic derangements
- Oxy gen: hypoxemia
- Trauma: head injury (TBI) or bleeding
- Temperature: hyper/hypothermia

### Infection: meningitis or sepsis
- Vascular: stroke or SAH
- Seizure: postictal or status epilepticus
- Substance Abuse / withdrawal

### Rare: brain tumors, Wilson disease, Huntington disease, sleep disorder, thyroid disorder, vitamin deficiencies, toxins, pain control

### Psychotic
- Past psych history
- Oriented
- Logical (even bizarre) thought content

### Schizophrenia
- Mania
- Delusional disorders

### Non-organic, Non psychotic
- Personality disorders
- Impulse control disorders

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### VCUHS Emergency Department: The Agitated Emergency Department Patient

<table>
<thead>
<tr>
<th>Lorazepam (ATIVAN)</th>
<th>Ziprasidone (GEODON)</th>
<th>Haloperidol (HALDOL)</th>
<th>Ketamine (KETALAR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IM: 0.5-2 mg***</td>
<td>IM: 10 mg q2hr or 20 mg q4hrs (max 40 mg / 24hrs)**</td>
<td>IM: 5-10 mg***</td>
<td>IV: 1 mg/kg</td>
</tr>
<tr>
<td>IV: 1-2 mg over 1 min (slow IV push)</td>
<td>IV: 2.5-5 mg (IV push)</td>
<td>IV: 2-5 mg (IV push)</td>
<td>IM: 4-5 mg/kg***</td>
</tr>
</tbody>
</table>

### Indication:
- Unknown causes of agitation or causes secondary to alcohol intoxication or withdrawal
- Agitation in the known psychiatric patient
- When tranquilization is desired (less sedating than typical antipsychotics)
- Agitation in the known psychiatric patient
- When sedation is necessary
- Excited delirium

### Route/site:Dose
- IM: 10 mins
- IV: 2-3 mins
- IM: <60 mins (~10 min)
- IM/IV: 10-20 mins
- IM: 4-5 mins
- IV: 1 min

### Onset:
- IM: 10 mins
- IV: 2-3 mins
- IM: <60 mins (~10 min)
- IM/IV: 10-20 mins
- IM: 4-5 mins
- IV: 1 min

### Preparation / Compatibility:
- Injection: 2 mg/mL (1 mL vial)
- Reconstitution for injection: Add 1.2 mL of SWFI to a 20 mg vial. Shake vigorously.
- Resultant concentration: 20 mg/mL
- Injection (as lactate): 5 mg/mL (1 mL vial)
- Compatible with lorazepam
- Injection: 50 mg/mL (1 mL)
- 100 mg/mL (5 mL)

### What to look out for:
- IV site irritation
- Respiratory depression
- Hypotension
- Excessive somnolence
- QTc prolongation
- EPS (less common NMS
- QTc prolongation
- EPS (more common)
- NMS
- Excessive sedation
- Hypertension
- Tachycardia
- Laryngospasm
- Secretions
- Emergence reaction
- Respiratory depression

*Administration in large muscle mass advised i.e. anterolateral thigh

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