









## VCUHS Emergency Department: The Agitated Emergency Department Patient

<b>Organic</b> (Many are reversible) <ul style="list-style-type: none"> <li>- Rapid onset</li> <li>- No prior history</li> <li>- Visual-olfactory-tactile hallucinations</li> <li>- Cognitive deficits</li> </ul>	<b>Glucose:</b> hypoglycemia or other metabolic derangements <b>Oxygen:</b> hypoxemia <b>Trauma:</b> head injury (TBI) or bleeding <b>Temperature:</b> hyper/hypothermia  <b>Infection:</b> meningitis or sepsis <b>Vascular:</b> stroke or SAH <b>Seizure:</b> postictal or status epilepticus <b>Substance Abuse / withdrawal</b>  Rare: brain tumors, Wilson disease, Huntington disease, sleep disorder, thyroid disorder, vitamin deficiencies, toxins, pain control
<b>Psychotic</b> <ul style="list-style-type: none"> <li>- Past psych history</li> <li>- Oriented</li> <li>- Logical (even bizarre) thought content</li> </ul>	Schizophrenia Mania Delusional disorders
<b>Non-organic, Non psychotic</b>	Personality disorders Impulse control disorders

	<b>Lorazepam (ATIVAN)</b>  IM/IV	<b>Ziprasidone (GEODON)</b>  IM ONLY!	<b>Haloperidol (HALDOL)</b>  IM/IV	<b>Ketamine (KETALAR)</b>  IM/IV
<b>Indication:</b>	<b>Unknown causes</b> of agitation or causes secondary to alcohol intoxication or withdrawal 	Agitation in the <b>known psychiatric patient</b> When <b>tranquilization</b> is desired (less sedating than typical antipsychotics) 	Agitation in the <b>known psychiatric patient</b> When sedation is necessary 	<b>Excited delirium</b> 
<b>Route(site):Dose</b>	IM: 0.5-2 mg*** IV: 1-2 mg over 1 min (slow IV push)	IM: 10 mg q2hr or 20 mg q4hrs (max 40 mg / 24hrs)***	IM: 5-10 mg*** IV: 2.5-5 mg (IV push)	IV: 1 mg/kg IM: 4-5 mg/kg***
<b>Onset:</b>	IM: 10 mins IV: 2-3 mins	IM: <60 mins (~10 min)	IM/IV: 10-20 mins	IM: 4-5 mins IV: 1 min
<b>Preparation / Compatibility:</b>	<b>Injection:</b> 2 mg/mL (1 mL vial)  <i>Compatible with haloperidol</i>	<b>Reconstitution for Injection:</b> Add 1.2 mL of SWFI to a 20 mg vial. Shake vigorously.  Resultant concentration: 20 mg/mL	<b>Injection (as lactate):</b> 5 mg/mL (1 mL vial)  <i>Compatible with lorazepam</i>	<b>Injection:</b> 50 mg/mL (1 mL) 100 mg/mL (5 mL)
<b>What to look out for:</b>	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