

AGITATION

Useful charts for emergency management of agitated patients

Prepared by: Dr. Elizabeth Woodward,
University of Toronto Resident in Psychiatry

Table 4. Conditions that may cause agitation.

| | |
|--|--|
| Agitation from general medical condition | Head trauma |
| | Encephalitis, meningitis, or other infection |
| | Encephalopathy (particularly from liver or renal failure) |
| | Exposure to environmental toxins |
| | Metabolic derangement (eg, hyponatremia, hypocalcemia, hypoglycemia) |
| | Hypoxia |
| | Thyroid disease |
| | Seizure (postictal) |
| Agitation from intoxication/withdrawal | Toxic levels of medications (eg, psychiatric or antiseizure) |
| | Alcohol |
| | Club or recreational drugs (cocaine, ecstasy, ketamine, bath salts, inhalants, methamphetamines) |
| Agitation from psychiatric disease | Psychotic disorders |
| | Mania |
| | Agitated depression |
| | Anxiety disorders |

Medical Evaluation and Triage of the Agitated Patient

Table 1. Behavioural Activity Rating Scale.⁴

- | |
|--|
| 1 = Difficult or unable to rouse |
| 2 = Asleep but responds normally to verbal or physical contact |
| 3 = Drowsy, appears sedated |
| 4 = Quiet and awake (normal level of activity) |
| 5 = Signs of overt (physical or verbal) activity, calms down with instructions |
| 6 = Extremely or continuously active, not requiring restraint |
| 7 = Violent, requires restraint |

Table 2. Ten domains of de-escalation.²⁷

-
1. Respect personal space
 2. Do not be provocative
 3. Establish verbal contact
 4. Be concise
 5. Identify wants and feelings
 6. Listen closely to what the patient is saying
 7. Agree or agree to disagree
 8. Lay down the law and set clear limits
 9. Offer choices and optimism
 10. Debrief the patient and staff
-

Table 3. Summary of strategies for broaching the topic of medication/escalating persuasion techniques.

| | |
|---|--|
| What helps you at times like this? | STRATEGY: Invite the patient's ideas. |
| I think you would benefit from medication. | STRATEGY: Stating a fact. |
| I really think you need a little medicine. | STRATEGY: Persuading. |
| You're in a terrible crisis. Nothing's working. I'm going to get you some emergency medication. It works well and it's safe. If you have any serious concerns, let me know. | STRATEGY: Inducing. |
| I'm going to have to insist. | STRATEGY: Coercing. Great danger, last resort. |

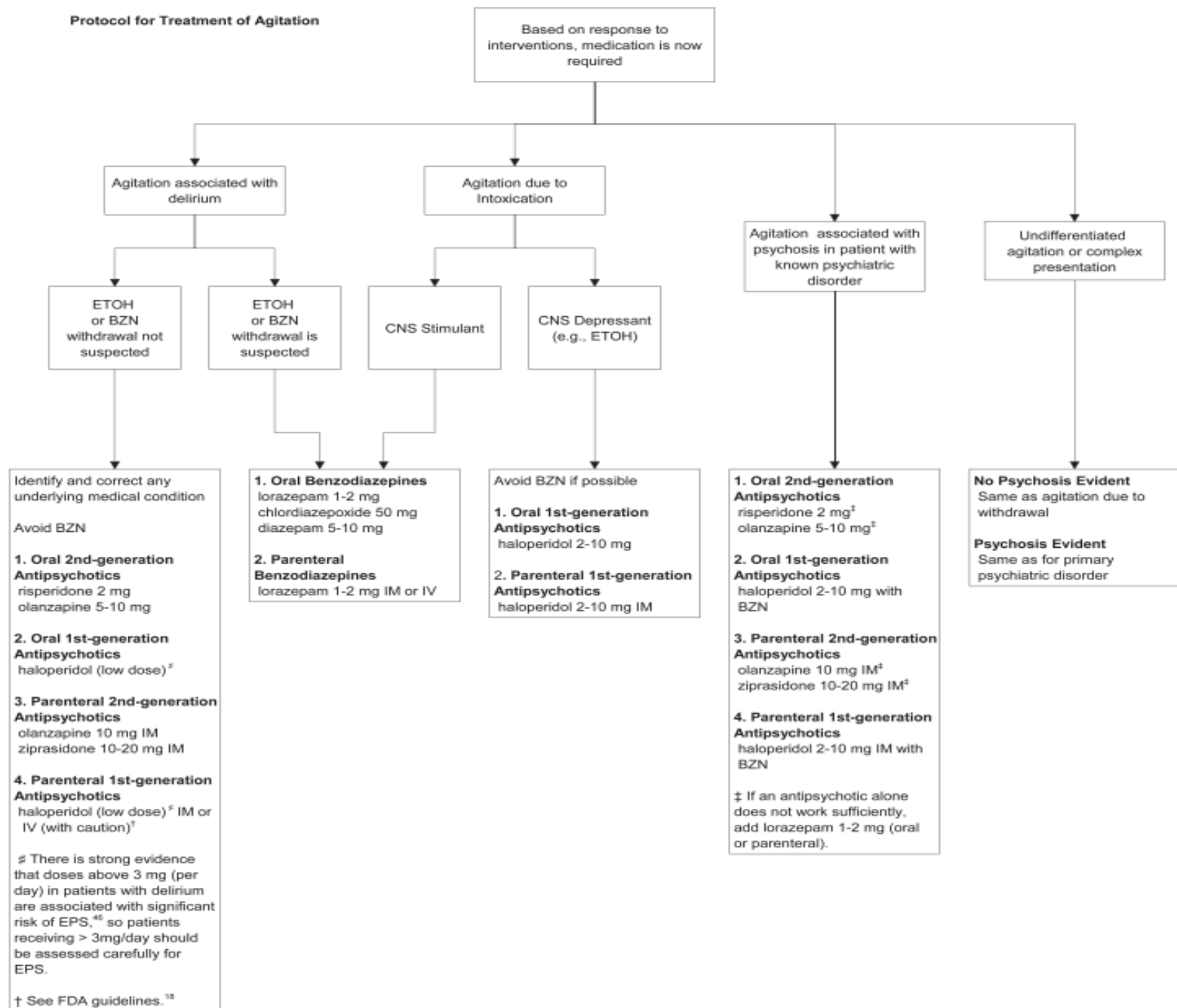


Figure. Protocol for treatment of agitation. *BZN*, benzodiazepine; *EPS*, extrapyramidal side effects; *ETOH*, alcohol; *IM*, intramuscular.

References

Table 1 and Table 4 (on slide 2) from:

Nordstrom, Kimberly; Zun, Leslie S.; Wilson, Michael P.; Stiebel, Victor; Ng, Anthony T.; Bregman, Benjamin; et al.(2012). Medical Evaluation and Triage of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA Medical Evaluation Workgroup. *Western Journal of Emergency Medicine*, 13(1). uciem_westjem_6863. Retrieved from: <http://escholarship.org/uc/item/881121hx>

Table 2 and Table 3 (on slide 3) from:

Richmond, Janet S.; Berlin, Jon S.; Fishkind, Avrim B.; Holloman, Garland H.; Zeller, Scott L.; Wilson, Michael P.; et al.(2012). Verbal De-escalation of the Agitated Patient: Consensus Statement of the American Association for Emergency Psychiatry Project BETA De-escalation Workgroup. *Western Journal of Emergency Medicine*, 13(1). uciem_westjem_6864. Retrieved from: <https://escholarship.org/uc/item/55g994m6>

Figure (on slide 4) from:

Wilson, Michael P.; Pepper, David; Currier, Glenn W.; Holloman, Garland H.; & Feifel, David. (2012). The Psychopharmacology of Agitation: Consensus Statement of the American Association for Emergency Psychiatry Project BETA Psychopharmacology Workgroup. *Western Journal of Emergency Medicine*, 13(1). uciem_westjem_6866. Retrieved from: <https://escholarship.org/uc/item/5fz8c8gs>