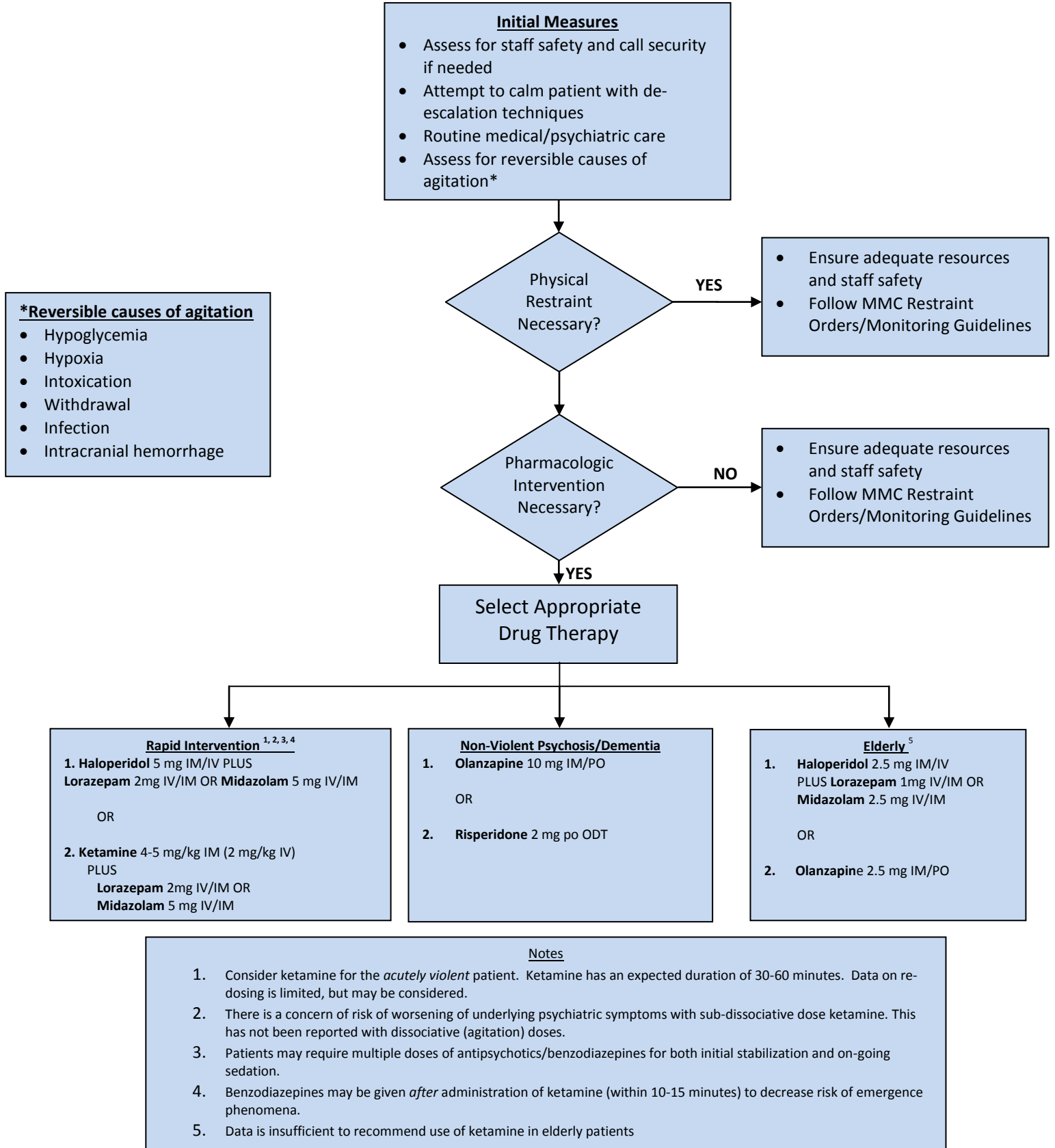


Control of the Agitated Adult Emergency Department Patient



This guideline was ratified by the emergency department faculty at Maine Medical Center in May 2017. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.

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Control of the Agitated Adult Emergency Department Patient Evidentiary Table

Recommendation:	Source:	Classification:	Level of Evidence:
Ketamine IV/IM (2 and 4mg/kg, respectively) for acute agitation	1. Riddell J, et al. Ketamine as a first-line treatment for severely agitated emergency department patients. <i>American Journal of Emergency Medicine</i> . 2017; Article in Press	Single-center, prospective, observational study	Ila
	2. Hopper AB, et al. Ketamine use for acute agitation in the emergency department. <i>The Journal of Emergency Medicine</i> . 2015; 1 (1): 1-8	Retrospective Cohort/Chart Review	IIb
	3. Scheppke KA et al. <i>West J Emerg Med</i> . 2014; 15(7): 736-741	Retrospective Review	IV
	4. Kowalski, et al. A novel agent for management of agitated delirium: A case series of ketamine utilization in the pediatric emergency department. <i>Ped Emerg Care</i> . 2015; epub ahead of print.	Case series	IV
Ketamine: established safety profile.	1. Newton, et al. Intravenous ketamine for adult procedural sedation in the Emergency Department. <i>Emerg Med J</i> . 2008; 25:498-501.	Prospective, cohort study.	Ila
	2. ACEP Clinical Policy: Procedural sedation and analgesia in the emergency department. <i>Ann Emerg Med</i> . 2014; 63 (2): 247-258.	Policy/practice guideline.	III
	3. Roback, et al. Adverse events with procedural sedation in children. <i>Acad Emerg Med</i> ; 2005; 12(6): 508-513.	Retrospective, cohort.	IIb
	4. Lahti et al. Subdissociative doses of ketamine stimulate psychosis in schizophrenia. <i>Neuropsychopharmacology</i> ; 1995; 13(1): 9-19	RCT	Ib
Add midazolam or	1. Senner, et al. Ketamine with and	RCT	Ib

lorazepam to ketamine when used for acute agitation.	without midazolam for emergency department sedation in adults: A randomized controlled trial. <i>Ann Emerg Med.</i> 2011; 57: 109-114.		
Use haloperidol combined with lorazepam (vs either in isolation) for rapid tranaquilization.	<p>1. Rund DA et al. The use of intramuscular benzodiazepines and antipsychotic agents in the treatment of acute agitation or violence in the emergency department. <i>The Journal of Emergency Medicine</i> 2006; 31(3):317-324.</p> <p>2. Battaglia J et al. Haloperidol, Lorazepam, or Both for Psychotic Agitation? A Multicenter, Prospective, Double-Blind, Emergency Department Study. <i>Amer Jour Em Med</i> 1997; 15(4):335-340.</p>	<p>Review article.</p> <p>RCT</p>	<p>III</p> <p>Ib</p>
Consider IM olanzapine in agitated elderly patients with underlying dementia.	<p>1. Meehan KM et al. Comparison of Rapidly Acting Intramuscular Olanzapine, Lorazepam, and Placebo: A Double-blind, Randomized Study in Acutely Agitated patients with Dementia. <i>Neuropsychopharmacology</i>. 2002 Apr;26(4):494-504</p> <p>2. Peisah C et al. Practical Guidelines for the acute emergency sedation of the severely agitated older patient. <i>Internal Medicine Journal</i> 2011; 41:651-657.</p>	<p>RCT</p> <p>Practice Guideline</p>	<p>Ib</p> <p>III</p>