Work place violence is a common and serious problem in the emergency department. The problem typically stems from mental illness and/or drug and alcohol intoxication. Developing evidenced based standardized approaches to the violent and severely agitated patient is an imperative in the emergency department. The articles reviewed and discussed during the November 2012 Journal club, examine the evidence behind some of the pharmacological options commonly use in the emergency department. Four studies were reviewed, 3 randomized prospective trials, each comparing the effectiveness of Midazolam alone and/or in combination to other chemical restraints Haldol, Lorazepam, Droperidol and/or Olanzapine. One retrospective analysis compares Haldol vs Olanzapine.

Although each trial has different methodological approaches (IV vs IM administration), evidence favors the short time of onset and duration of Midazolam alone or in combination with anti-psychotics. Favorable outcomes of Olanzapine over Haldol were also noted. The articles also highlight the often-ignored safety and effectiveness of Droperidol, administered either in the IM of IV form. Droperidol is described as having a strong safety profile without evidence of prolonged QTc in the trials with improved efficacy in combination with Midazolam.

Currently, the focus of the Chemical restraint policy at MMC centers around the use of Haldol, Lorazepam and Midazolam. We have not adopted the use of the newer generation anti-psychotics such as Olanzapine or Droperidol (currently not on formulary).