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**Purpose:** To help address patient behavioral health escalations

- **Inclusion:** Patients greater than or equal 7 years with behavioral health concerns that are escalating
- **Exclusion:** Patients with an infectious process or delirium

	<b>Agitated</b> Fidgeting, pacing, rapid breathing, crying, rocking	<b>Disruptive</b> Yelling, refusing, arguing, name calling	<b>Destructive/Dangerous</b> Increased Gross Motor Activity Throwing, hitting, kicking, biting
<b>Utilize non-pharmacological De-escalation Techniques</b>	<ul style="list-style-type: none"> <li>• Consider giving scheduled or home medication early</li> <li>• Ask patient/caregiver what interventions and/or medications helped in the past</li> <li>• Assess for underlying cause of agitation (hunger, pain, emotional trigger, etc)</li> <li>• Verbal De-escalation</li> <li>• Behavioral and environmental strategies to deescalate</li> <li>• Consider Child Life or Adaptive Care Consult</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental check for safety of patient and self</li> <li>• Continue interventions or techniques from agitation in addition to medication</li> <li>• Setting Limits</li> </ul>	<ul style="list-style-type: none"> <li>• Teammate safety is priority</li> <li>• Consider BHRT</li> <li>• Environmental check for safety of patient and teammate</li> <li>• Consider psychiatric consult</li> </ul>
<b>If patient condition allows, oral administration should be utilized first for all etiologies and levels of behavior</b>			
<b>Unknown Etiology</b>	Antihistamine <b>or</b> Benzodiazepine <b>or</b> 2nd generation antipsychotic	Antihistamine <b>or</b> Benzodiazepine <b>or</b> 2nd generation antipsychotic	1st generation antipsychotic + benzodiazepine <b>or</b> 2nd generation antipsychotic <b>or</b> Ketamine
<b>Developmental Delay or Autism</b> <i>Avoid IM, if possible, to avoid additional sensory assault, Avoid benzodiazepines due to disinhibition risk</i>	Consider an extra dose of home medication	Clonidine <b>or</b> 2nd generation antipsychotics	2nd generation antipsychotics
<b>ADHD</b>	Clonidine <b>or</b> Antihistamine <b>or</b> 2nd generation antipsychotics	Clonidine <b>or</b> Antihistamine <b>or</b> 2nd generation antipsychotics	Antihistamine <b>or</b> 2nd generation antipsychotics IM/IV
<b>Psychosis/Mania</b>	Second generation antipsychotics <b>or</b> Benzodiazepine	1st generation antipsychotic +/- benzodiazepine +/- diphenhydramine	1st generation antipsychotic +/- benzodiazepine +/- diphenhydramine
<b>Oppositional Defiant Disorder or Conduct Disorder</b>	Second generation antipsychotics <b>or</b> Benzodiazepine	Second generation antipsychotics <b>or</b> Benzodiazepine	Second generation antipsychotics <b>or</b> Benzodiazepine
<b>Anxiety, PTSD</b>	Hydroxyzine <b>or</b> Clonidine	Hydroxyzine <b>or</b> Clonidine <b>or</b> Benzodiazepine	Benzodiazepine
<b>Acute alcohol or benzodiazepine intoxication</b>	1st generation antipsychotics +/- diphenhydramine	1st generation antipsychotics +/- diphenhydramine	1st generation antipsychotics +/- diphenhydramine
<b>Threat of Lethal - Harm to themselves or others: Call Behavioral Health Response Team</b>			
Created By	Department	Created Date	Version Date
Lubke, K., Morgan, M. Klein, S., McCarthy, J. Rehberger, A. & Hassan, R.	ED/General Pediatrics/Behavioral Health/ICU	12/11/2023	3/2025

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Class	Medication	Dose	Max Individual Dose	Recommended Daily Max	Approximate Onset	PRN Repeat Interval	Relative Contraindications	Side Effects
Alpha-2 Adrenergic Agonist	Clonidine PO (Catapres)	27-45kg: 0.05mg >45kg 0.1mg	0.1 mg	3 doses	30 min	3 hours	Hypotension, bradycardia	Hypotension, bradycardia, concomitant administration with benzodiazepines or antipsychotics due to risk of hypotension
Antihistamines	Diphenhydramine PO/IM (Benadryl)	1 mg/kg	50 mg	100 mg	PO: 1.5 hrs, IM: 25 min	4 hours	Prior paradoxical response, developmental delay, current anticholinergic or TCA medications	Sedation, paradoxical response
	Hydroxyzine PO (Atarax)	1 mg/kg	50 mg	100 mg	30 min	5 hours		
Benzodiazepines	Lorazepam PO (Ativan)	0.05 - 0.1 mg/kg	4 mg	< 50 kg: 4 mg ≥50 kg: 8 mg	30 min	4 hours	Disinhibition, delirium, developmental delay, respiratory instability	Respiratory depression, disinhibition
	Lorazepam IV/IM (Ativan)				20 min			
	Midazolam IM (Versed)	0.1 mg/kg	5 mg	15 mg	5 min	7 min		
	Midazolam IN (Versed)	0.2 mg/kg	10 mg	10 mg	5.5 min	15 min		
	Midazolam IV (Versed)	0.05 mg/kg	2 mg	10 mg	3 min	5 min		
1st Generation Antipsychotics	Haloperidol IM (Haldol)	0.05 mg/kg	5 mg	n/a	20 min	30 min	QTc > 500, anticholinergic intoxication, active seizure disorder withdrawal syndrome	QTc prolongation, EPS symptoms
	Droperidol IM (Inapsine)	0.05 mg/kg	5 mg	5 mg	10 min	20 min		

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2nd Generation Antipsychotics	Ziprasidone IM (Geodon)	0.2 mg/kg	<12 yrs old: 10 mg ≥12 yrs old: 20 mg	20 mg	60 min	2 - 5 hours	QTc > 500, anticholinergic intoxication, active seizure disorder	QT prolongation
	Olanzapine PO/ODT (Zyprexa)	7-11 y/o: 2.5mg ≥12 y/o: 5mg	10 mg	20 mg	20 min	5 hours	Consider risk of respiratory depression if benzodiazepine given within 1 hour of IM olanzapine	Respiratory depression, orthostatic hypotension, QT prolongation, tachycardia, hypertension
	Olanzapine IM (Zyprexa)	0.1 mg/kg	5 mg	30 mg	15 min	30 min		
	Risperidone PO/ODT (Risperdal)	15-29 kg: 0.25 mg > 30 kg: 0.5 mg	0.5	2.5 mg	60 min	5 hours		
	Quetiapine PO (Seroquel)	0.5 mg/kg	50 mg	400 mg	90 min	12 hours		
NMDA Receptor Antagonist	Ketamine IM (100 mg/mL)	30 – 49 kg: 100 mg (1 mL) 50-59 kg: 150 mg (1.5 mL) 60-79 kg: 200 mg (2 mL) 89-99 kg: 250 mg (2.5 mL) ≥100 kg: 300 mg (3 mL)	300 mg	n/a	3 min	5 – 30 min	Patients who tachycardia or hypertension would constitute a serious hazard	Emergence reactions, tachycardia, hypertension
	Ketamine IV (10 mg/mL)	1 mg/kg	150 mg	n/a	1 min	5 min		

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