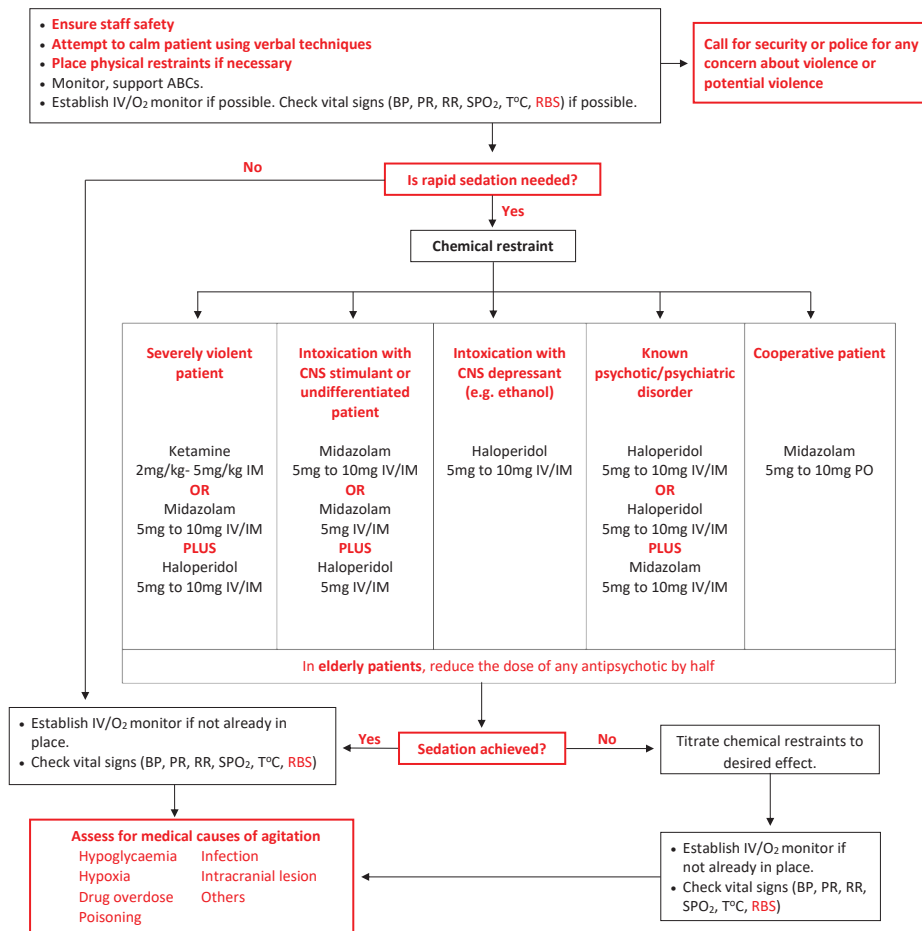


35. Management of the severely agitated or violent patient

This clinical pathway is intended to supplement, rather than substitute for, professional judgment and may be changed depending upon a patient's individual needs. Failure to comply with this pathway does not represent a breach of the standard of care.



SEDATION ASSESSMENT TOOL (SAT)		
SAT	Responsiveness	Speech
3	combative, violent, out of control	continuous loud outbursts
+2	very anxious & agitated	loud outbursts
+1	anxious or restless	normal, talkative
0	awake & calm, cooperative	normal
-1	asleep, rouses to voice	slurring or marked slowing
-2	responds to physical stimulation	few recognisable words
-3	no response to stimulation	nil

GENERAL PRINCIPLES
Select one sedative (benzo) and one antipsychotic agent and titrate these to a targeted SAT. Avoid switching agents/classes as unpredictable. Use longer acting agents where possible, to avoid the roller coaster effect of agitation/over-sedation.
If using RAPID TAKEDOWN agents, be prepared to MANAGE THE AIRWAY inc. RSI & CICO.
Assessment should occur in a designated safe area of hospital (available exits & duress alarms). Assess situation and patient including airway, anaesthesia and risk to self and others.
Administer medications with patient supine, one staff member to each limb and one to give drugs. AVOID PRONE RESTRAINT

