

Rapid Reference

Anxiety/Agitation/Delirium																											
Definition	Anxiety, agitation, and delirium can often present together and can be difficult to differentiate in the seriously ill child. Management is often similar.																										
Anxiety	Common among children with chronic or life-threatening illnesses. Difficult to separate from physical symptoms; may exacerbate physical symptoms (pain, dyspnea, etc.)																										
Agitation	Unpleasant state of arousal → loud speech, crying, ↑ motor activity/autonomic arousal																										
Delirium	An acute-onset disturbance of consciousness that fluctuates throughout the day																										
Trx: Non-pharmacologic	Treat underlying cause, meditation, diaphragmatic breathing, massage, biofeedback therapy, regulate sleep/wake cycle , frequent reorientation to time and place , frequent reassurance, minimize use of restraints																										
Trx: Pharmacologic	<ul style="list-style-type: none"> • Ask psych team when to use PO vs. IV/IM • Onset of Action: <ul style="list-style-type: none"> ■ PO/enteral -- usually 30-60 minutes for beginning of peak effects ■ IM -- usually 15-30 minutes ■ IV -- usually 5-15 minutes <table border="1"> <thead> <tr> <th>Drug</th><th>Dose</th><th>Notes</th></tr> </thead> <tbody> <tr> <td>Diphenhydramine</td><td>1 mg/kg per dose PO/IM/IV <u>Limits per 24h:</u> 7 and under: 50-75mg 8-12 y/o: 75-100mg; Adolescents: 100-150mg</td><td>Anticholinergic Avoid if dehydrated, CF, asthma, previous paradoxical rxn</td></tr> <tr> <td>Lorazepam</td><td>0.02-0.05 mg/kg q6h prn PO/SL/IV/SC → 8-12 y/o: ~0.5mg. 13+: 1mg <u>Limits per 24h:</u> 8-12 y/o: 2mg; Adol.: 3mg</td><td>Avoid in delirium. Avoid in pts < 7 y/o</td></tr> <tr> <td>Clonidine</td><td><u>7 and younger:</u> 0.025-0.05mg first dose <u>8-12 years old:</u> 0.05mg first dose <u>13+:</u> 0.1mg first dose</td><td>Useful w/ hx of ADHD, PTSD, younger children</td></tr> <tr> <td>Clonazepam</td><td>0.005-0.01 mg/kg PO q8-12h Can increase every 3 days up to 0.05-0.1 mg/kg PO q8-12h (max 0.2 mg/kg/day)</td><td>Avoid in delirium</td></tr> <tr> <td>Haloperidol</td><td>0.01-0.02 mg/kg PO q8h prn (max 0.5-1 mg) <u>Acute agitation:</u> 0.025 mg/kg PO & can repeat 0.025 mg/kg in 1 hr as needed</td><td>IM form for acute agitation, delirium, psychosis/mania</td></tr> <tr> <td>Risperidone</td><td>.25-0.5 mg PO qPM or divided (max 3 mg/day)</td><td rowspan="3">Order only w/ psychiatry input</td></tr> <tr> <td>Quetiapine</td><td>25 mg q12h PO Increase daily by 25mg/dose (max 100-200 mg q12h)</td></tr> <tr> <td>Olanzapine</td><td>1.2-2.5 mg PO daily (max 5 mg/day)</td></tr> </tbody> </table>		Drug	Dose	Notes	Diphenhydramine	1 mg/kg per dose PO/IM/IV <u>Limits per 24h:</u> 7 and under: 50-75mg 8-12 y/o: 75-100mg; Adolescents: 100-150mg	Anticholinergic Avoid if dehydrated, CF, asthma, previous paradoxical rxn	Lorazepam	0.02-0.05 mg/kg q6h prn PO/SL/IV/SC → 8-12 y/o: ~0.5mg. 13+: 1mg <u>Limits per 24h:</u> 8-12 y/o: 2mg; Adol.: 3mg	Avoid in delirium. Avoid in pts < 7 y/o	Clonidine	<u>7 and younger:</u> 0.025-0.05mg first dose <u>8-12 years old:</u> 0.05mg first dose <u>13+:</u> 0.1mg first dose	Useful w/ hx of ADHD, PTSD, younger children	Clonazepam	0.005-0.01 mg/kg PO q8-12h Can increase every 3 days up to 0.05-0.1 mg/kg PO q8-12h (max 0.2 mg/kg/day)	Avoid in delirium	Haloperidol	0.01-0.02 mg/kg PO q8h prn (max 0.5-1 mg) <u>Acute agitation:</u> 0.025 mg/kg PO & can repeat 0.025 mg/kg in 1 hr as needed	IM form for acute agitation, delirium, psychosis/mania	Risperidone	.25-0.5 mg PO qPM or divided (max 3 mg/day)	Order only w/ psychiatry input	Quetiapine	25 mg q12h PO Increase daily by 25mg/dose (max 100-200 mg q12h)	Olanzapine	1.2-2.5 mg PO daily (max 5 mg/day)
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Overnight Behavioral Plan
<ul style="list-style-type: none"> • Ordersets: Agitation (mild), agitation (moderate), agitation (severe), behavioral health safety plan, behavioral restraints • Err on the side of more restrictive - when in doubt, put on a 1:1, order suicide precautions including finger foods, "arms length" if any significant concern for active attempts to hurt self, security at door for elopement risk, security in room if needs hands-on (care companion cannot put arms on/only observe and alert RN and team of concerns) • Behavioral Rapid Response (BRR) Call 5-5555: For active unsafe behaviors. Summons BRT psych RN, on-call psychiatrist (if in house), ER psych SW (if in house) • Never allow patient to get between you and exit. Always ask for escort (including BRT clinician or PCS clinician). Put lanyards, long-hair, loose clothing away as able, etc. • PGY-2s and above are the only people allowed to order chemical restraints (one-time IMs. Not possible to write PRN IM psychotropic meds.)