

2 Management of the Agitated Patient

Patients who have acute delirium lack the capacity to make informed decisions regarding their medical treatment. These patients should all have a certificate of incapacity (The Adults with Incapacity Act 2000)

Agitation or delirium in Critical Care is often multifactorial. Management involves avoiding or treating as many precipitating factors as possible.

a) Avoid or Treat Precipitating Factors

- *Treat pain*
- *Treat drug withdrawal ([see UKCPA drug withdrawal](#))* including alcohol withdrawal/ delirium tremens
- *Thiamine Deficiency:* treat all patients at risk of thiamine deficiency (usually history of alcohol excess) with Pabrinex or thiamine
- *Optimise ventilation:* avoid asynchronous ventilation
- *Enable sleep:* try to avoid excess noise and light particularly at night. Avoid unnecessary procedures particularly when sleeping. Encourage mobilisation and getting into chair during the day
- *Orientate patient:* frequently orientate and reassure patient. Avoid arguing with them. Involve family and friends where helpful. Introduce staff and explain situation.
- *Optimise sensory input:* with usual glasses and hearing aid
- *Optimise nutrition and bowels*
- *Review drugs:* delirium may be precipitated by drugs started in Critical Care

Analgesics -codeine -fentanyl -morphine -pethidine	Antiemetics -prochlorperazine	Corticosteroids -dexamethasone -hydrocortisone -prednisolone
Antidepressants -amitriptyline -paroxetine	Antipsychotics -chlorpromazine	Hypnotic agents -chlordiazepoxide -chloral hydrate -diazepam -thiopental
Anticonvulsants -phenytoin -phenobarbital	Antimuscarinics -atropine -hyoscine	Miscellaneous agents -furosemide -ranitidine
Antihistamines -chlorphenamine -promethazine	Cardiovascular agents -atenolol -digoxin -dopamine -lidocaine	

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Authors: Michelle Jack, Alasdair Hay	Approved by: QIT editorial group
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**Critical Care Guidelines
FOR CRITICAL CARE USE ONLY**

- *Normalise metabolic state* as much as possible
- *Treat infection*

b) Avoid patient coming to harm

- *Assess the bed space* and remove unnecessary and potentially dangerous equipment
- *Ensure invasive lines and tubes are well secured.* Remember n.g. bridges and securing chest drains to the chest wall (see posters.)
- *Can any unnecessary lines or tubes be removed?*
- *Haloperidol* can be used in hyperactive delirium to prevent potentially dangerous behavior and also to treat distressing hallucinations. **Starting dose:** elderly 1mg, all other patients 2.5mg IV doses may be doubled and repeated at 20 minute intervals up to total of 20mg. The total dose given should be then given in 4 divided doses over 24 hours.
- *Posimitts* can be used in certain delirious patients to prevent them harming themselves by pulling out invasive lines or tubes ([see Posimitts protocol for use](#))