Foundations Frameworks

Approach to the Agitated Patient

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Initial Stabilization

1. **Attempt verbal de-escalation and determine patient capacity**
2. Benzos: Versed 5-10mg IV/IM or Ativan 2mg IV/IM and repeat
3. Haldol 5mg IM, can use Zyprexa or Geodon as well (bad in NMS)
4. Ketamine IM 2mg/kg
5. Intubate: don't use Succinylcholine with risk of rhabdo -> hyperK
6. Once situation is under control, **get a core temp**

Afebrile

Evaluate for underlying medical cause by thinking through Ddx for AMS:

1. Abnormal vitals: hypoxia (air hunger), hypercapnea
2. Tox/Metabolic: thyroid storm, check CPK for rhabdo, also send CBC, chem, VBG/lactate, LFTs, etc.
3. Structural: ICH, seizure
4. Infectious: meningitis, encephalitis, sepsis
5. If no medical cause, then the 5th cause of AMS is…

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PSYCH: mania, psychosis -> treat w/ Haldol, Zyprexa, Geodon

Febrile

Ddx of Febrile, Agitated Patient

- Non-infectious:
  - Sympathomimetic Toxicity
  - Etoh/Benzo W/D
  - NMS/SS/Malignant Hyperthermia
  - ***These patients need benzodiazepines, fluids, cooling***
- Infectious: evaluate and treat for sepsis/meningitis

Excited Delirium Syndrome: Tox + Psych (+medical sometimes) leads to this final common pathway

- Hyperadrenergic state -> hyperthermic, tachycardic, insensitivity to pain, "superhuman strength"
- Risk of sudden/unexplained death, patient often tazed by police, elevated CPK/rhabdo, VBG w/ acidosis