

APPM Clinical Guideline: Agitation

Communication

- Clear and honest
- Consistent
- Timely
- Tailored to child's needs
- Establish trust
- Establish priorities
- Identify language used

Consider reversible causes:

Pain; Urinary retention; Hypoxia; Anaemia; Electrolyte imbalance; Dehydration; Constipation; Adverse effects of medication; Fear; Anxiety; Depression; Spiritual or existential distress.

Non-Pharmacological Management

- Recognise triggers
- Information sharing
- Psychological and emotional support
- Physical support
- Basic cares
- Environment
- Adapt to deteriorating communication
- Spiritual and existential support
- Therapeutic interventions
- Support parents and carers

Principles of Prescribing

- Start at lower end of dose range.
- Prescribe breakthrough doses to be given as needed.
- Regularly review effectiveness.
- Add additional doses in last 48 hours to regular dose.
- Titrate to clinical effect with lowest possible dose.
- Consider periodicity and route of medication.
- Consider broadening cover if escalating dose of single medication is ineffective.

Medications

- Benzodiazepines: Midazolam (t_{1/2} 1-3hrs); Lorazepam (t_{1/2} 10-20hrs); Clonazepam (t_{1/2} 20-40hrs); Clobazam (t_{1/2} 35-40 hrs); Diazepam (t_{1/2} 48hrs, also for muscle spasms).
- Levomepromazine (also for n&v).
- Haloperidol (less sedating, also for hallucinations, n&v).
- Olanzapine/risperidone – consider specialist advice.
- Phenobarbitone (for cerebral irritation).
- Chloral hydrate (also for insomnia and status dystonicus)