



**PHYSICIAN'S ORDERS  
Emergency Department**

# Approved

CPQS October 2018  
DEM November 2018

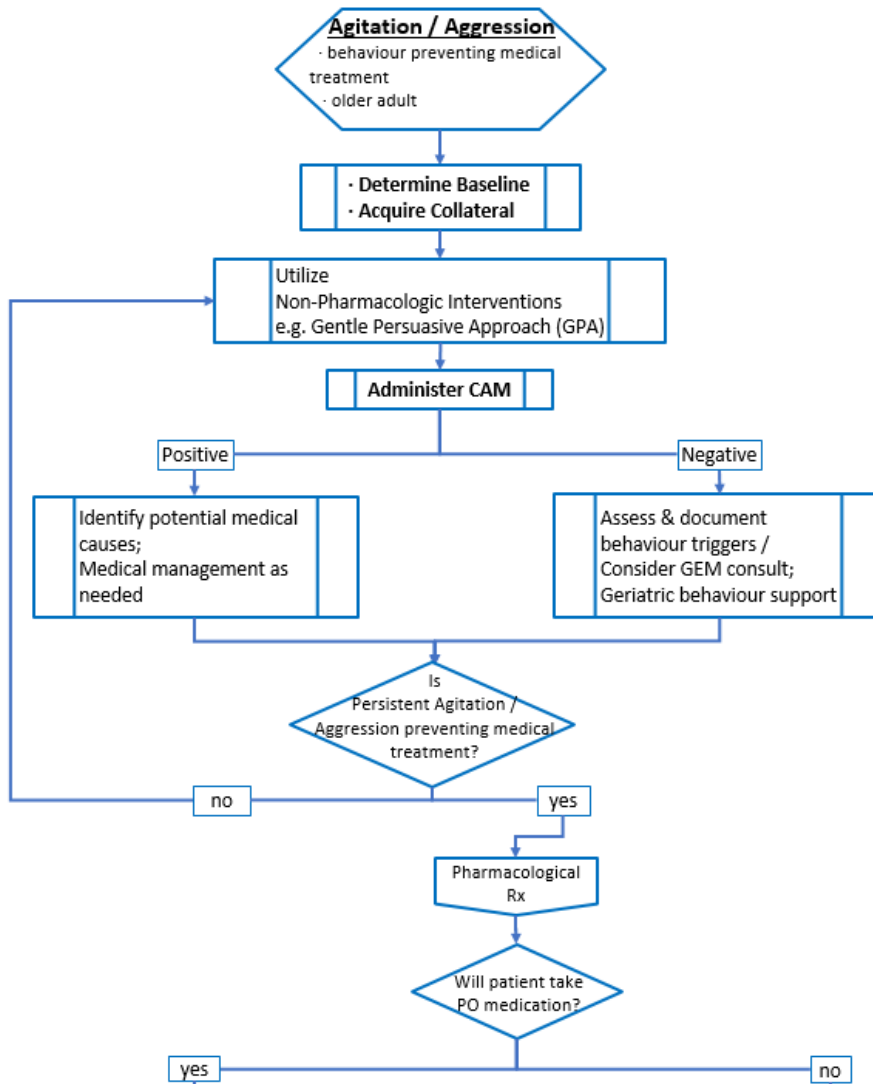
Medication Allergies / Reactions  <input type="checkbox"/> None known	Substances or Food Allergies / Reactions  <input type="checkbox"/> None known
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**Management of the Acutely Agitated Elderly Patient - Emergency**

<b>Inclusion criteria (at least 1 feature that prevents medical treatment):</b>	<b>Cautions:</b>
<ul style="list-style-type: none"> <li>- Behavioural symptoms in older adults (age 65 years or greater)</li> <li>- Aggression: aggressive resistance physical / verbal aggression</li> <li>- Agitation: resistant to medical intervention</li> </ul>	<ul style="list-style-type: none"> <li>- ECG to check QTc</li> <li>- Parkinson's Disease / Lewy Body Dementia</li> </ul>

Init	<b>Non-Medication</b>	Init	<b>IV and Medication (Medication, dose, route, frequency)</b>					
	<input checked="" type="checkbox"/> Utilize Non-Pharmacological Strategies to reduce agitation (see Table on reverse)		<b>Pharmacological Therapy – short-term management only (not more than 24 hours)</b> <b>AVOID ANTICHOLINERGIC MEDICATIONS</b> (e.g. Cogentin)					
	<input checked="" type="checkbox"/> Assess baseline mental /behaviour status using Ottawa 3DY							
	<input type="checkbox"/> Acquire collateral verification of mental / behavioural status		If patient is willing to take PO <b>Oral Medications - START LOW, GO SLOW</b>					
	<input type="checkbox"/> Perform initial CAM (form GER 15)		<input checked="" type="checkbox"/> Ensure patient has received regular home medications before adding:					
	If CAM <b>negative</b> : <input checked="" type="checkbox"/> Assess behaviour triggers, consider a consultation with GEM		<input type="checkbox"/>	<b>Medication</b>	<b>Dose/Route</b>	<b>Frequency</b>	<b>Max Dose</b>	
	OR <input checked="" type="checkbox"/> Geriatric behaviour support		1.	Trazodone*	12.5 - 25 mg PO	q.2-4 hr PRN	100 mg	If ineffective after 60 min, ADD
	If CAM <b>positive</b> : <input checked="" type="checkbox"/> Identify potential medical causes (causes of delirium)		2.	Quetiapine*	12.5 - 25 mg PO	q.2-4 hr PRN	75 mg	If ineffective after 60 min, ADD
	<input checked="" type="checkbox"/> Medical management as needed.		3.	Lorazepam	0.5 - 1 mg PO/SL	q.2-4 hr PRN	2 mg	
	If persistent aggressive behaviour, medication intervention as necessary.		* Trazodone and quetiapine require 1-2 hours to reach peak serum level. Assess effectiveness after 60 minutes before adding next medication.					
	<b>Vital Signs:</b> <input type="checkbox"/> Frequency _____ hr.		If patient <i>refuses</i> PO <b>Intra-Muscular (IM) Medications - START LOW, GO SLOW</b>					
	<input type="checkbox"/> Repeat CAM (details):		<input type="checkbox"/>	<b>Medication</b>	<b>Dose/Route</b>	<b>Frequency</b>	<b>Max Dose</b>	
			1.	Loxapine	6.25 - 25 mg IM	q.2-4 hr PRN	25 mg	If ineffective after 60 min, ADD
			2.	Lorazepam	0.5 - 1 mg IM	q.2-4 hr PRN	2 mg	
			<i>Alternate IM option (NOT appropriate for patients with known or suspected Parkinson's Disease or Lewy Body Dementia):</i>					
			<input type="checkbox"/>	Haloperidol	0.5 mg IM	q.30 min	1.5 mg	
			If none of these treatments is effective, consider procedural sedation in Resuscitation.					

Date (yy/mm/dd)	Time	Physician (printed)	Signature (Physician)
Date (noted)	Time	Processed by	Signature (Nurse)



If patient is willing to take PO  
Oral Medications - **START LOW, GO SLOW**

Ensure patient has received regular home medications before adding:

Medication	Dose/Route	Frequency	Max Dose	
1. Trazodone*	12.5 - 25 mg PO	q 2-4 hr PRN	100 mg	If ineffective after 60 min, ADD
2. Quetiapine*	12.5 - 25 mg PO	q 2-4 hr PRN	75 mg	If ineffective after 60 min, ADD
3. Lorazepam	0.5 - 1 mg PO/SL	q 2-4 hr PRN	2 mg	

\* Trazodone and quetiapine require 1-2 hours to reach peak serum level. Assess effectiveness after 60 minutes before adding next medication.

If patient refuses PO  
Intra-Muscular (IM) Medications - **START LOW, GO SLOW**

Medication	Dose/Route	Frequency	Max Dose	
1. Lorazepam	0.5 - 1 mg IM	q 2-4 hr PRN	2 mg	
2. Haloperidol	0.5 mg IM	q 30 min	1.5 mg	

Alternate IM option (NOT appropriate for patients with known or suspected Parkinson's Disease or Lewy Body Dementia):

Medication	Dose/Route	Frequency	Max Dose	
1. Haloperidol	0.5 mg IM	q 30 min	1.5 mg	

If none of these treatments is effective, consider procedural sedation in Resuscitation.

### Non-Pharmacologic Strategies

Adapted from GPA, 3rd Ed (2014). The IPA Complete Guides to BPSD-Nurses Guide 9, Care approaches and nursing interventions in relation to BPSD (2012)

Communication	<ul style="list-style-type: none"> <li>do not "sneak up" or approach patients from behind without announcing yourself</li> <li>introduce yourself before conducting any procedure</li> <li>speak in a calm reassuring voice; speak slowly, clearly, and allow time for the person to respond.</li> <li>Provide clear instructions; always explain what you are going to do prior to moving into patients personal space</li> <li>state sentences in a positive manner and avoid using the word "don't"</li> </ul>	<ul style="list-style-type: none"> <li>provide opportunities for patient to experience a sense of control</li> <li>do not reason with the person</li> <li>use a non-threatening posture, position yourself at eye level with the patient, and establish eye contact</li> <li>validate patients feelings and reassure them they are safe</li> <li>distract and redirect</li> <li>use gentle physical touch</li> </ul>
Environment	<ul style="list-style-type: none"> <li>minimize distraction and noise</li> <li>allow family at the bedside as appropriate</li> <li>if possible, remove triggers for behaviour</li> </ul>	
Assess for Triggers	<ul style="list-style-type: none"> <li>toilet</li> <li>manage pain on regular schedule</li> <li>if patient has difficulty with vision or hearing, ensure patient is wearing hearing aids, glasses</li> </ul>	