

APPENDIX G: Pharmacologic Management of Agitation / Aggression in Pediatric Patient

SITUATION	MEDICATION	DOSE	RISK
Extreme Anxiety without aggression	Alpha-adrenergic agonists (Clonidine, Guanfacine, Dexmedetomidine {only in PICU})	 Clonidine: 0.025-0.1mg PO Guanfacine: 0.25-1mg PO Dexmedetomidine: 0.2mg/kg IV {only in PICU} For Clonidine: Dose every 2-4 hours as needed Max individual dose: 0.2mg Max daily dose: 0.6mg in 24 hours 30 minute for onset 	- Hypotension
Agitation with suspected ingestion or intoxication as cause	Lorazepam (Ativan)	 May be given PO/IM/IV Starting dose: 0.05 mg/kg Range: 0.02-0.1mg/kg Max individual dose: 2mg Max daily dose: 10mg in 24 hours Dose every 2-4 hours as needed Onset PO: 20-60 minutes IM: 5-10 minutes IV: Immediate 	- Paradoxical reaction, especially in younger children

AVOID USING IM/IV LORAZEPAM and IM OLANZAPINE WITHIN 1 HOUR OF EACH OTHER DUE TO RISK OF CARDIORESPIRATORY DEPRESSION

Aggression or Agitation with low suspicion of ingestion as cause	Olanzapine (Zyprexa) – 1 st LINE	 May be given PO (tab or dissolvable ODT)/IM 2.5mg (6-10 years) 5mg (10+ years) 10mg (consider if adult size) Dose every 2-4 hours as needed Max daily dose: 20mg in 24 hour 	DystoniaNMSCaution if liver disease
	Ziprasidone IM (Geodon) Only use if IM/IV Lorazepam given within 1 hour and patient still agitated	 To be given IM for agitation or aggression 0.2mg/kg Max <i>individual</i> dose: 20mg IM Max <i>daily</i> dose: 40mg IM in 24 hours 	 QTc prolongation <u>AVOID IF:</u> Concomitant medication with risk for QTc prolongation Known cardiac condition
Dystonia	Benadryl (Diphenhydramine)	• 1mg/kg	- Possible side effect of antipsychotics

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