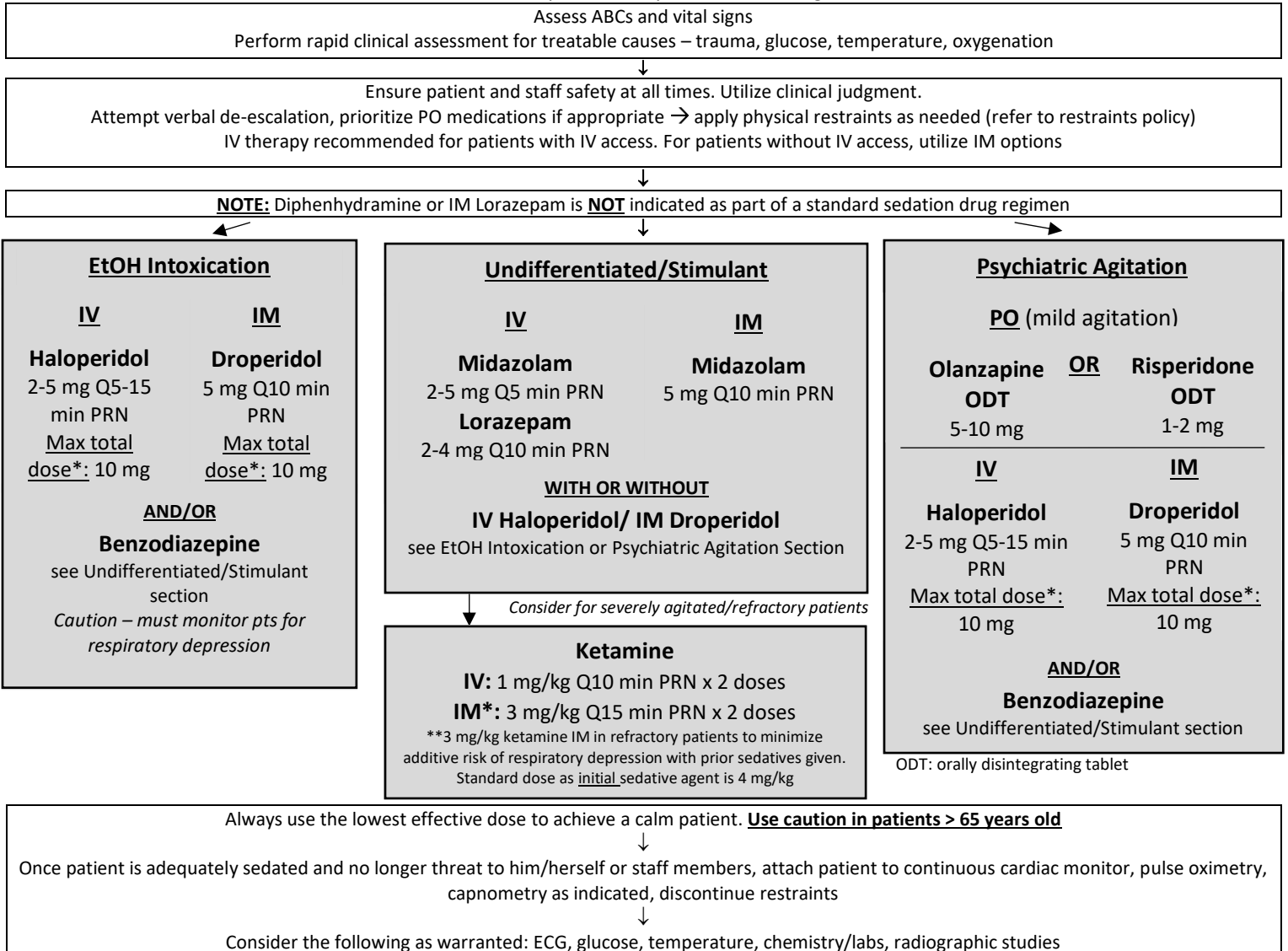


Sedation of Agitated Patient in the Emergency Department

For use in patients ≥ 15 years old and ≥ 40 kg



Drug	Route	PK/PD		Comments
		Onset (min)	Duration (min)	
Haloperidol	IV	3-10	180-360	Concern for QT prolongation. Obtain ECG, when feasible, to assess QTc *Max cumulative dose without ECG: 10 mg IV Use caution in patients at risk for seizures or if head trauma suspected IM haloperidol not recommended due to delayed onset (>15 min)
Droperidol	IM	3-10	120-240	Concern for QT prolongation. Obtain ECG, when feasible, to assess QTc * Max cumulative dose without ECG: 10 mg IM IM droperidol has shown more rapid agitation control vs IM haloperidol Use caution in patients at risk for seizures or if head trauma suspected
Midazolam	IM	10-15	60-120	Monitor patients for respiratory depression
	IV	3-5	30-60	
Lorazepam	IV ONLY	2-5	60-120	IM lorazepam not recommended due to delayed onset (>15 min)
Ketamine	IM	3-5	60-90	Avoid in patients with a known history of psychosis Appropriate monitoring required (minimum pulse oximetry)
	IV	1	20-30	
Olanzapine	PO	Within 1 hr	-	Monitor ECG as necessary
Risperidone	PO	Within 1 hr	-	Monitor ECG as necessary

References

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