MEDICAL MANAGEMENT

• Keep in mind that while agitation may be the acute issue, there are underlying causes for the patient's state.
• The historian may be unreliable, so collateral history and a thorough physical exam is important.
• Always remember to review the patient's medications.
• Having an organized approach to medical causes of agitation is imperative; a commonly used, though not exhaustive mnemonic used is ABOU TIPS.

A - Alcohol, acidosis
E - Electrolytes/encephalopathy/endocrine
I - Infection, Intoxication
O - Overdose
U - Uremia
T - Temperature
I - Insulin (hypo/hyperglycemia)
P - Psychiatric
S - Seizure (postictal), space occupying lesions

• Prolonged severe agitation, especially in the context of prolonged restraint use can cause medical complications, including:
  ○ Excessive muscle activity leading to rhabdomyolysis and metabolic acidosis.
  ○ Active resistance to restraints leading to electrolyte abnormalities and arrhythmias.

DISPOSITION AND DISCHARGE

• As with all patients in the ED, ensure they are medically cleared prior to discharge.
• Rule out any acute medical etiology.
• The patient should be in control, not aggressive, and not violent prior to discharge.
• Offer all patients who may benefit in-hospital and/or outpatient supports.
  ○ Addressing underlying mental health issues, social factors, and access to resources for addictions/substance use among other topics are important to discuss prior to discharge, and may be difficult for the patient to access otherwise.

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