



MEDICAL MANAGEMENT



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

