



Division of Paediatric Emergency Medicine

Escalating Agitation, Aggression and Code White Order Set

For medically stable children and adolescents, presenting to the Emergency Department with escalating behaviour.

LAST NAME	(FIRST)
MRN	VISIT NUMBER
DATE OF BIRTH DD-MM-YYYY	SEX
ADDRESS	

DATE	WEIGHT (kg)	ALLERGIES <input type="checkbox"/> NKDA
PROVIDER Signature & Time	ORDERS	NOTED BY RN Signature & Time
	<p>FOR ESCALATING PATIENTS PRESENTING WITH MENTAL HEALTH CONCERNS AND/OR AGITATION/COMBATIVE BEHAVIOURS</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Inform CSN / Team Lead RN <input checked="" type="checkbox"/> Ensure patient is in a safe room, change into hospital pajamas, and remove all personal belongings <input checked="" type="checkbox"/> Consult Psychiatry as appropriate <input checked="" type="checkbox"/> q1h safety checks to be completed <input checked="" type="checkbox"/> Order paper service meal trays during meal hours (if admitted and/or lengthy stay) 	
	<p>IF CONCERN FOR SELF-HARM, HARM TO OTHERS, OR UNSAFE FLIGHT RISK, CONSIDER APPLYING FORM 1 / FORM 42</p> <ul style="list-style-type: none"> <input type="checkbox"/> Notify CSN prior to placing on Form 1 to activate security watch <input type="checkbox"/> Form 1 order to be placed in Epic <input type="checkbox"/> Form 1 original copy to Information Clerk <input type="checkbox"/> Form 42 given to Information Clerk for photocopy and then original given to patient 	
	<p>PATIENTS WITH ESCALATING BEHAVIOURS OR AT INCREASED RISK OF HARM TO SELF OR OTHERS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ensure Code White called if possibility for staff or patient harm <input type="checkbox"/> Ensure all home medications have been ordered <input type="checkbox"/> Consider possibility of withdrawal symptoms and order medications as needed (eg. Nicotine resin gum) 	

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	<p>LABORATORY TESTS</p> <p>This step should follow once the patient has been placed on a Form 1, and should not consistently be done if patient is being admitted voluntarily</p> <p><input type="checkbox"/> Urine toxicology screen (minimum 10 mL) preferred</p> <ul style="list-style-type: none"> • Consider blood toxicology if patient unable to provide urine sample <p><input type="checkbox"/> Urine β-HCG (for pubertal female patients)</p> <p><input type="checkbox"/> Bloodwork: CBC, diff, Na, K, Glucose</p>	
	<p>PATIENTS WITH AGITATION REQUIRING CHEMICAL RESTRAINTS</p> <p>Consider underlying medical and psychiatric conditions, current medications, and using home medications</p> <p><input type="checkbox"/> LORazepam _____ mg SL / IM</p> <ul style="list-style-type: none"> • Less than 20 kg, give 0.5 mg • Greater than or equal to 20 kg, give 1 mg • Can repeat q1h to max 2 mg/dose <p><input type="checkbox"/> LOXapine 10 mg PO x1</p> <p>OR</p> <p><input type="checkbox"/> LOXapine 12.5 mg IM x1</p>	
	<p>MANAGEMENT OF SECONDARY SYMPTOMS</p> <p>Secondary symptoms include extrapyramidal symptoms (EPS) such as akathisia, dystonia, parkinsonism, and tardive dyskinesia</p> <p><input type="checkbox"/> BENZtropine 1 mg PO / IM</p> <ul style="list-style-type: none"> • Can be given q1-2h to max 6 mg/day 	
	<p>PATIENTS REQUIRING MECHANICAL RESTRAINTS</p> <p>Mechanical restraints to be applied by trained staff members only. If mechanical restraints ordered, all boxes below should be checked.</p> <p><input type="checkbox"/> Restraints ordered</p> <p><input type="checkbox"/> CSM checks q15-30min</p> <p><input type="checkbox"/> Vital signs q1h</p> <p><input type="checkbox"/> Constant observation (CYC / security / RN)</p>	

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