



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center AGGRESSIVE/AGITATED/DISTURBED PATIENT ORDER PROTOCOL

All Items With a Box Must Be Checked by the Provider

Date:		Time:	
Patient Name:			
Allergies:			
Protocol Orders			
1. Nursing Orders			
a) Safety Precautions: Assess fall risk, suicide/self-harming behaviors (clear room of all objects that may cause harm, one-on-one observation if required). Implement safety precautions as indicated. <i>If patient suicidal/homicidal ideation; use the ASQ Suicide Risk Screening Tool & if positive see Care & Treatment of the Psychiatric Patient Policy.</i>			
b) De-escalation Methods			
2. Vital Signs			
a) Every 30 minutes and PRN			
3. Labs if indicated (check box if indicated): <input type="checkbox"/> FSBS <input type="checkbox"/> Urine β -hCG (pregnancy test) <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> Total CK <input type="checkbox"/> Ethanol Level <input type="checkbox"/> UA <input type="checkbox"/> Urine Drug Screen <input type="checkbox"/> TSH <input type="checkbox"/> Serum Salicylate Acid <input type="checkbox"/> Serum Acetaminophen Level			
4. Diagnostics if indicated: <input type="checkbox"/> Chest X-ray <input type="checkbox"/> Non-contrast Head CT <input type="checkbox"/> EKG			
5. <input type="checkbox"/> Insert Peripheral IV. Sodium Chloride 0.9% 10 ml flush prn for line patency			
Mild Agitation Medications			
<input type="checkbox"/> Haloperidol 1 mg PO x1	<input type="checkbox"/> Haloperidol 2 mg PO x1	<input type="checkbox"/> Haloperidol 5 mg PO x1	
<input type="checkbox"/> Haloperidol 10 mg PO x1	<input type="checkbox"/> Lorazepam 1 mg PO x 1	<input type="checkbox"/> Lorazepam 2 mg PO x1	
<input type="checkbox"/> Olanzapine 5mg PO x1	<input type="checkbox"/> Olanzapine 5mg PO x1	<input type="checkbox"/> Olanzapine 10 mg PO x1	
<input type="checkbox"/> Risperidone 1mg PO x 1	<input type="checkbox"/> Risperidone 2 mg PO x1	<input type="checkbox"/> Risperidone 4 mg PO x 1	
<input type="checkbox"/> Seroquel 25 mg PO x1	<input type="checkbox"/> Seroquel 50 mg PO x1	<input type="checkbox"/> Seroquel 100 mg PO x1	
Moderate Agitation Medications			
<input type="checkbox"/> Diphenhydramine 50 mg IM x 1	<input type="checkbox"/> Diphenhydramine 50 mg IV x 1	<input type="checkbox"/> Haloperidol 5 mg IM x 1	
<input type="checkbox"/> Hydroxyzine 25 mg IM x1	<input type="checkbox"/> Hydroxyzine 50 mg IM x1	<input type="checkbox"/> Lorazepam 1mg IM x1	
<input type="checkbox"/> Lorazepam 1 mg IV x 1	<input type="checkbox"/> Lorazepam 2 mg IM x 1	<input type="checkbox"/> Lorazepam 2 mg IV x 1	
<input type="checkbox"/> Olanzapine 5 mg IM x 1			
Severe Agitation Medications			
<input type="checkbox"/> Haloperidol 10 mg IM x 1	<input type="checkbox"/> Olanzapine 10 mg IM x 1		
6. If the medication prescribed is not used as a standard of treatment for the patient's behavior or condition based on the chemical restraint assessment protocol, obtain a Restraint Order and follow the Restraint Policy: Violent or Self-Destructive Behavior.			
ADDITIONAL ORDERS			

Nurse Signature: _____ Date: _____ Time: _____

Provider Signature: _____ Date: _____ Time: _____