RESIDENT SAFETY POLICY & NURSING CLINICAL GUIDELINE
THE ACUTELY AGITATED OR PSYCHOTIC MEDICALLY STABLE PSYCHIATRIC PATIENT
PEDIATRIC PGME

Standards

B1.3.9.2: “The program must have effective mechanisms in place to manage issues of perceived lack of resident safety.”
B. 1.3.9.3: “Residents and faculty must be aware of the mechanism to manage issues of perceived lack of resident safety.”

Acutely psychotic or agitated psychiatric patients in the emergency room will not be admitted to the pediatric CTU. However, psychiatric patients who are initially settled may become agitated after admission to the pediatric CTU and the resident must feel safe in dealing with this situation. The following outlines the management of such situations (Code White of a psychiatric patient).

During the weekdays

1. The over-census nurse will be notified immediately and will attend the ward as soon as possible. The pediatric resident will also attend and may be required to order restraints or medication. If further help is required, the nurse will notify the over-census psychiatrist who may arrange for transfer of the patient to PY1 (this may require a trade if this is an over-census patient) if the patient is medically/surgically stable and a psychiatric patient.
2. It is assumed that all other safety measures are addressed such as calling security, keeping other patients away from the acutely agitated patient etc.

During the weekend/ weekday nights and evenings

1. The psychiatry resident on call will be paged to attend the ward. The pediatric resident will also attend. In the event that the patient remains unsettled, the attending psychiatrist on-call will be notified to discuss a possible transfer/trade of the patient to PY1 if the patient is medically/surgically stable and a psychiatric patient.
2. It is assumed that all other safety measures are addressed such as calling security, keeping other patients away from the acutely agitated patient etc.

Calming the agitated patient

1. Make sure patient has an escape route from hospital room. Do not close the door when you go to see him/her. Make sure security are close by.
2. Speak in a calm, soothing and gentle manner
3. Do not sit down unless he/she is sitting down
4. Ask the patient how you can help them calm down and offer food or water if indicated
5. If family member present and is helping in calm down, keep him/her there; otherwise remove family member from the room.

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ALGORITHM

Acutely psychotic/agitated psychiatric patient in CTU

Code White overhead

Weekday 0900-1700
Ward Nurse calls **Consult-liaison nurse**
Ward nurse calls Pediatric resident
Medication (see appendix A)
Talk (see calming agitated patient)
Restraints (provided by security)
Restraint use form appendix B

Weekends, evenings, nights
Ward nurse calls **Psychiatry resident**
Ward nurse calls Pediatric resident
Medication (see appendix A)
Talk (see calming agitated patient)
Restraints (provided by security)
Restraint use form Appendix B

Communicate with over-census psychiatrist

Communicate with staff psychiatrist

Decision to transfer/trade

Decision to transfer/trade
Appendix A:

Preferred:

- Quetiapine 25 mg, 50 mg tablet
- Olanzapine 2.5 mg, 5 mg, 10 mg tablets
- Olanzapine zydis 5 mg
- Risperidone 0.25 mg, 0.5 mg, 1 mg tablets

If unable to take p.o:

- Lorazepam IM injection 1 mg or 2 mg preferred
- Haldol 2mg or 5mg IM as last resort.