

---

# How to Medicate an Agitated Patient

---

Last updated March 2024

**Introduction:** While empathetic listening, validating emotions, and scheduled medications effectively calm many agitated patients, they don't always succeed. This fact sheet offers a guide on medication strategies for acute agitation in emergency department (ED) and psychiatric inpatient settings, specifically targeting agitation from primary psychiatric conditions such as schizophrenia, schizoaffective disorder, or bipolar disorder manic episodes.

## How to discuss medications as the patient is beginning to escalate

As a patient is beginning to rev up, you have a chance to head off a restraint by verbally deescalating (see How to Verbally Deescalate fact sheet), or by offering voluntary meds. You can engage the patient in a dialogue about meds at this early stage, and here are some suggested questions.

- “Is there any medication that helps you at times like this?” Most patients have experience with anti-agitation meds and may well have some favorites.
- “I think you’d benefit from medication right now—how about some Ativan [or other med]?” This is what you say to a patient who is somewhat reluctant to take meds. This communicates that you strongly recommend this course, but it is still a voluntary situation.
- “Would you prefer pills or an injection? The injection will kick in and you’ll feel better twice as fast.” Most patients prefer oral meds at this stage, but others may prefer injectables—perhaps because they have experience with how quickly they work.

## IM MEDICATIONS

Usually used for severely agitated and potentially violent patients who need rapid tranquilization. Time to effect is around 15 minutes.

- Haldol 5-10 mg, Ativan 2 mg, Benadryl 50 mg. This is the standard agitation cocktail, and it has stood the test of time because it works very well.
- Zyprexa 10 mg. Effective, but you must be cautious when combining it with IM Ativan due to the risk of excessive sedation and respiratory depression.
- Thorazine 50 mg-200 mg. Some clinicians swear by high dose IM Thorazine for the most difficult and violent patients.
- Geodon 20 mg. Calming but not sedating. Not used much, perhaps because we often want a sedating medication for agitated patients.

## ORAL MEDICATIONS

- Appropriate for mild to moderate degree of agitation.
- Oral meds take around 20-30 minutes to kick in.
- Orally Disintegrating Tablet (ODTs) may have a faster time of onset than standard oral pills.

*Benzodiazepines.* You can often start with a benzodiazepine—usually lorazepam (Ativan), but you should ask the patient if they have any preferences among benzos. Some patients ask specifically for clonazepam (Klonopin), diazepam (Valium), or alprazolam (Xanax).

Typical agitation doses:

- Ativan: 2 mg
- Klonopin: 2 mg
- Xanax: 2 mg

- Valium: 10 mg

*Antihistamines.* Both hydroxyzine (Vistaril or Atarax) and diphenhydramine (Benadryl) can be sedatives though are often not thought to be “strong” enough for de-escalation. Nonetheless, some patients benefit.

- Hydroxyzine: 50 mg
- Diphenhydramine: 50 mg

*Antipsychotics.* There are many antipsychotics, and many patients will express a preference. The different options seem to rotate in and out of favor, depending on the year, the institution, or the practitioner. Here are some of the most commonly used oral options.

- Olanzapine ODT (Zyprexa Zydis) 5-10 mg. Often the preferred option, the Zydis formulation dissolves on the tongue within seconds and is therefore very hard to “cheek.” It may work a bit faster than swallow-only pills because some of it is absorbed through the oral mucosa.
  - Other ODTs to consider include aripiprazole ODT and risperidone ODT—though Zyprexa Zydis is generally more helpful for rapid control of agitation.
- Chlorpromazine (Thorazine) 50-100 mg. Similar to Zyprexa in effect, and a little more sedating--but watch for side effects like QTc prolongation and orthostatic dizziness.
- Haloperidol (Haldol) 5 mg-10 mg. An old standby, very effective but may cause dystonia so is often given with Benadryl and/or Ativan to prevent that side effect.
- Quetiapine (Seroquel) 25-200 mg. While Seroquel works well, the dosing is much more variable, making it a bit more difficult to dose. Best used in patients who request it specifically.