

CLINICAL PATHWAY:

Agitation

Appendix C: Medication Dosing and Safety Tips

THIS PATHWAY
SERVES AS A GUIDE
AND DOES NOT
REPLACE CLINICAL
JUDGMENT.

Medication†	Dose	Max Daily Dose	Onset of Action	Relative Contraindications	Comments	Side Effects
Diphenhydramine [Benadryl] (antihistaminic)	Child 25-50 kg: 25 mg PO/IM	100 mg	~1-2 hours	Prior paradoxical response, developmental delay or current anticholinergic/TCA medication	May cause paradoxical reaction in children with neurodevelopmental differences (e.g. autism) and may worsen delirium	Sedation
	Adolescent >50 kg: 50 mg PO/IM	200 mg	May repeat one dose in 4 hours.			
Lorazepam [Ativan] (benzodiazepine)	Child 25-50 kg: 0.5-1 mg PO/IM/IV	4 mg	IV: ~15-20 min PO: ~30 min	Disinhibition, respiratory instability	Higher/frequent doses of benzodiazepines can lead to idiosyncratic reactions including disinhibition +/- delirium	Respiratory depression, disinhibition
	Adolescent >50 kg: 1-2 mg PO/IM/IV	8 mg	May repeat one dose in 60min.			
Clonidine [Catapres] (alpha 2 agonist)	0.05 mg-0.1 mg PO	3 doses	30-60 min May repeat one dose in 6 hours.	Hypotension, bradycardia	Consider in patients that may be undergoing opioid withdrawal Avoid giving with benzodiazepines or atypical antipsychotics due to risk of hypotension	Hypotension, bradycardia
Olanzapine [Zyprexa] (antipsychotic)	Child 25-50 kg: 2.5 mg PO/ODT or IM	10 mg*	~15 min	QTc >500 use with caution, anticholinergic intoxication, active seizure disorder	Do NOT use within 1 hour of IV benzodiazepine (e.g. lorazepam) administration due to risk of cardiorespiratory depression.	QTc prolongation, extrapyramidal symptoms including acute dystonic reaction
	Adolescent >50 kg: 5 mg PO/ODT or IM	20 mg*	May repeat one dose in 60 min.			
Risperidone [Risperdal] (antipsychotic)	Child 25-50 kg: 0.25 mg-0.5 mg PO	1-2 mg*	60 min	QTc >500 use with caution		
	Adolescent >50 kg: 0.5-1 mg PO	2-3 mg*	May repeat one dose in 6 hours.			
Quetiapine [Seroquel] (antipsychotic)	0.5 mg/kg/dose PO	1.5 mg/kg/day or 150 mg* (max 25-50 mg/dose)	30-60 min May repeat one dose in 6 hours.	QTc >500 use with caution		
Haloperidol [Haldol] (antipsychotic)	Child 25-50 kg: 1-2 mg IM	3 -6 mg* or 3 doses	15 min	QTc >500 use with caution anticholinergic intoxication, active seizure disorder, withdrawal syndrome	Do NOT use IV. Administer concurrently with diphenhydramine If patient >70 kg, with severe agitation consider addition of lorazepam 2 mg IV	
	Adolescent >50 kg: 2.5-5 mg IM	7.5-15 mg* or 3 doses	May repeat one dose in 6 hours			

* Consider previous medications (including home medications) that have yielded positive or negative response. If on a prescribed anti-psychotic, consider administering early or giving an extra dose. Review current or recent medications for drug interactions. If inadequate response from multiple doses, consider an additional medication class. Max dose depends on antipsychotic exposure history as patient may tolerate higher doses.



RETURN TO
THE BEGINNING



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