

# L'AGITAZIONE PSICOMOTORIA

Fabio De Iaco  
Torino



XIII congresso nazionale

**simeu**

GENOVA 30 MAG - 1 GIU 2024



**in scienza e coscienza**

*Andrea, faremo tutto il possibile affinché quello  
che è successo a te non accada mai più*



**5 agosto 2015**  
**Piazza Umbria**  
**Torino**



TGR

TV7

**PAZIENTI**

**AD ALTO RISCHIO**

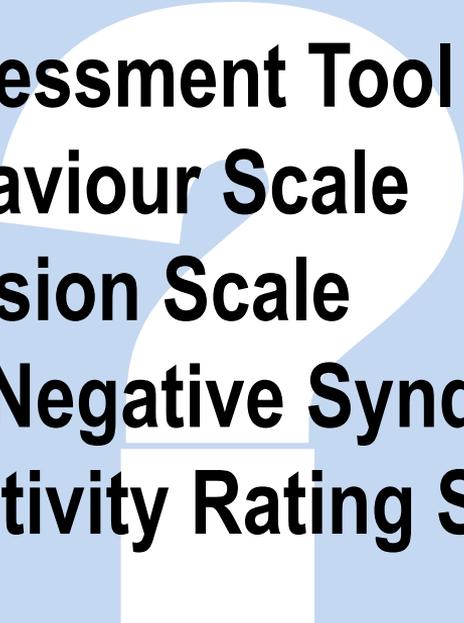


**OPERATORI**

**AD ALTO RISCHIO**

**AGITATO  
INCONTROLLABILE**





**Sedation Assessment Tool**  
**Agitated Behaviour Scale**  
**Overt Aggression Scale**  
**Positive and Negative Syndromes Scale**  
**Behaviour Activity Rating Scale**

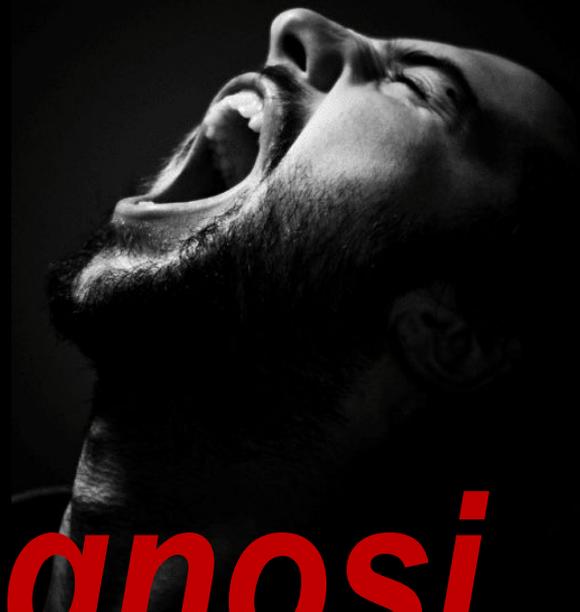
# Richmond Agitation-Sedation Scale

Target RASS Value		RASS Description
+4	Combative	Combative, Violent, Immediate Danger to Staff
+3	Very Agitated	Pulls or Removes Tube(s) or Catheter(s); Aggressive
+2	Agitated	Frequent non-Purposeful Movement, Fights Ventilator
+1	Restless	Anxious, Apprehensive but Movements are not Aggressive or Vigorous
0	Alert and Calm	
-1	Drowsy	Not Fully Alert, but has Sustained Awakening to Voice (Eye Opening & Contact >10sec)
-2	Light Sedation	Briefly Awakens to Voice (Eye Opening & Contact <10sec)
-3	Moderate Sedation	Movements or Eye Opening to Voice (BUT NO Eye Contact)
-4	Deep Sedation	No Response to Voice, BUT has Movement or Eye Opening to Physical Stimulation
-5	Unarousable	No Response to Voice or Physical Stimulation



REBEL  
REVIEWS

# AGITATO INCONTROLLABILE



*non è una diagnosi*

# IL SOSPETTO

**>45 anni**

**Parametri vitali anormali**

**Deficit neurologici focali**

**Trauma cranico**

**Sostanze**

**Astinenza**

**Tossine o farmaci**

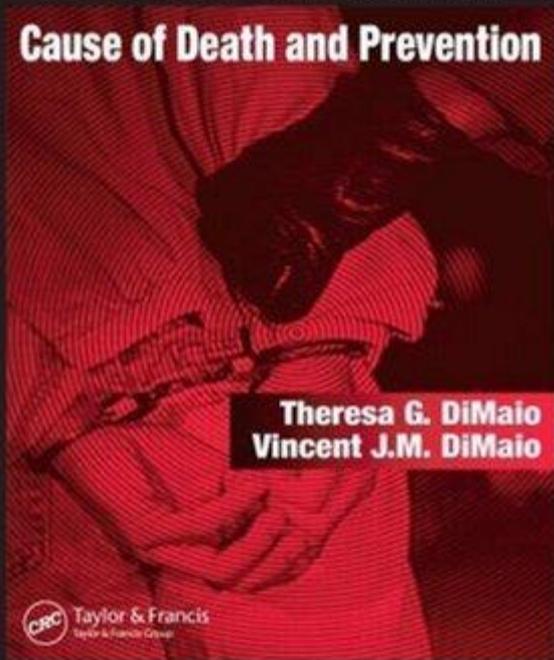
# À LA CARTE

**Table 1 - Dangerous causes of agitation**

<b>System</b>	<b>Etiology</b>
Infection	Sepsis Systemic infections Fever-related delirium
Neurologic	Head injury Stroke Intracranial mass Intracranial hemorrhage CNS infection (meningitis, encephalitis, abscess) Seizure Dementia
Metabolic/Endocrine	Electrolyte abnormalities (sodium, calcium, magnesium, potassium, phosphate) Hypoglycemia Hyperglycemia (DKA/HHNK) Hypoxia Hypercarbia Renal or liver failure Thyrototoxicosis Myxedema Coma Nutritional deficiency (Wernicke's, vitamin B12 deficiency)
Toxicologic	Anticholinergic intoxication Stimulant intoxication Steroid psychosis Antibiotic reaction Other drug reaction Carbon monoxide toxicity Alcohol intoxication or withdrawal Toxic alcohols Serotonin syndrome Neuroleptic malignant syndrome
Other conditions	Shock Burn Hypothermia Hyperthermia
Psychiatric	Psychosis Schizophrenia Paranoid delusions Personality disorder

# **EXCITED DELIRIUM SYNDROME**

**Cause of Death and Prevention**



**Theresa G. DiMaio  
Vincent J.M. DiMaio**

 Taylor & Francis  
Taylor & Francis Group



# **EXCITED DELIRIUM SYNDROME**

**Cause of Death and Prevention**

**Theresa G. DiMaio  
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 Taylor & Francis  
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**Tolleranza al dolore**  
**Tachipnea**  
**Sudorazione**  
**Agitazione estrema**  
**Combattività**  
**Instancabilità**  
**Forza «sovrumana»**  
**Nudità**

**EXCITED**  
**DELIRIUM**  
**SYNDROME**

Cause of Death and Prevention

Theresa G. DiMaio  
Vincent J.M. DiMaio

 Taylor & Francis  
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mortalità  
10%-36%  
(asistolia)

Up to date

# **HYPERACTIV E DELIRIUM**

ACEP 2023



Anamnesi remota ignota

Cause acute ignote

Rischio correlato alla sedazione ignoto

Necessità di contenzione urgente



**PAZIENTE CRITICO**

# The Art of Verbal De-escalation

**D**

## **DECIDE**

Decide if a patient is appropriate for verbal de-escalation  
*Clues include a patient which is responsive,  
Engaged in conversation,  
Not an active threat to safety*



**E**

## **ENSURE SAFETY**

Ensure adequate backup  
Clear area of potential weapons (loose objects, supplies).  
Respect personal space  
(two arms length between you and patient)



**F**

## **FORM RELATIONSHIP**

Introduce yourself by name and title  
Ask what they like to be called  
Ask "Will you allow us to help?"  
Use short sentences, simple vocabulary



**U**

## **UTILIZE INTERESTS**

Identify patient's wants and feelings  
Agree as much as possible, either in truth, principle,  
odds, or to disagree  
Reinforce that you will let no harm come to patient



**S**

## **SET LIMITS**

Speak matter of factly about consequences for bad behavior  
Offer choices for behavior, even it's between oral and IV  
meds  
Use repetition as needed until you are heard by patient



**E**

## **ENFORCE/EVALUATE**

If aggression escalates and violence seems imminent,  
withdraw and mobilize help  
Once situation defused, by either verbal de-escalation  
or medication, debrief staff and/or patient



WINNER  
BEST FILM  
AT THE  
SANDS OF TIME  
FESTIVAL  
2014

WINNER  
BEST FILM  
AT THE  
SANDS OF TIME  
FESTIVAL  
2014

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2014

OFFICIAL  
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AT THE  
SANDS OF TIME  
FESTIVAL  
2014

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SANDS OF TIME  
FESTIVAL  
2014



A FILM BY ADAM CUSHMAN

# Restraint

DEVILWORKS



**CONTENZIONE**

**FISICA**

**VS**

**CHIMICA**





**Opzione estrema**

**Ponte verso un'adeguata sedazione**

**Potenzialmente lesiva (rabdomiolisi,  
elettroliti, aritmie, acidosi, traumi...)**

**Durata minima possibile**

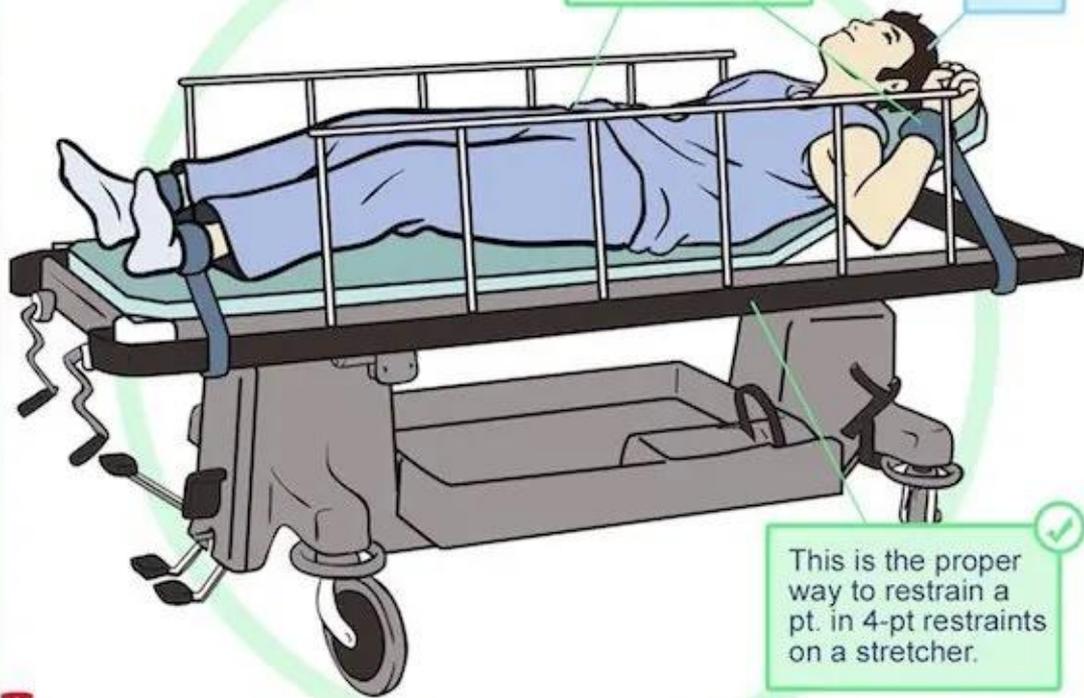
**Modalità adeguate**

**Non meno di 6 operatori**  
**4/5 punti di ancoraggio**  
**Mezzi di contenzione «medicali»**  
**Assicurati alla barella**  
**Paziente supino**  
**Un braccio sopra il capo**  
**Un braccio sotto la vita**  
**Elevazione del capo (30°)**  
**Maschera dell'ossigeno**

Supine pt. in 4-point restraints on stretcher

One arm up  
one arm down. ✓

Head raised  
30°



✓  
This is the proper way to restrain a pt. in 4-pt restraints on a stretcher.

**contenzione chimica  
nel più breve tempo possibile**

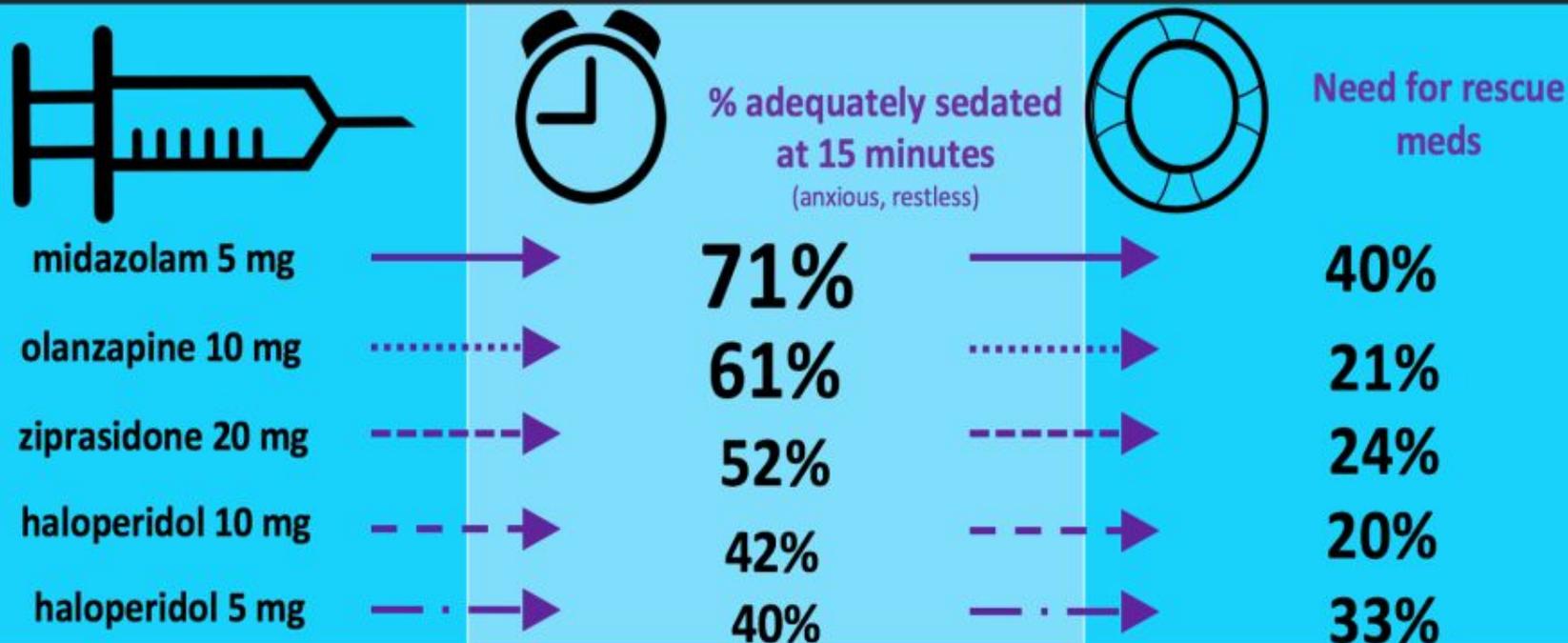


**SPEED  
MATTERS**

**IM not IV**

attraverso i vestiti

# Intramuscular midazolam, olanzapine, ziprasidone, or haloperidol for acute agitation in the ED, a prospective observational study



Bottom Line: Intramuscular midazolam 5 mg appears superior in quickly sedating agitated patients compared with other medications but 40% required additional rescue medications

right  
relation or from a  
point of view.

# **Defamation** [ .d

damaging of some

sb's reputation by

saying bad or un

... for what is

CLINICAL POLICY

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Clinical Policy: Critical Issues in the Evaluation and  
Management of Adult Out-of-Hospital or  
Emergency Department Patients Presenting With  
Severe Agitation

*Approved by the ACEP Board of Directors, October 6, 2023*



**Liv. B: Droperidolo + Midazolam**

**Liv. C: (if safety is a concern) Ketamina**



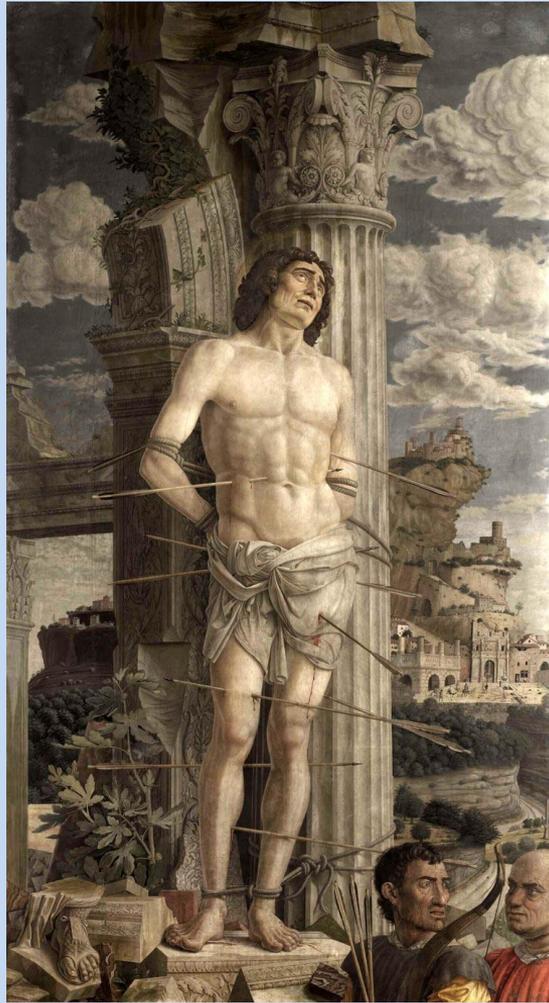
**DROPERIDOLO 5-10 mg i.m.**

***Long live droperidol!***

# **KETAMINA**

**5-10  
mg/kg i.m.**

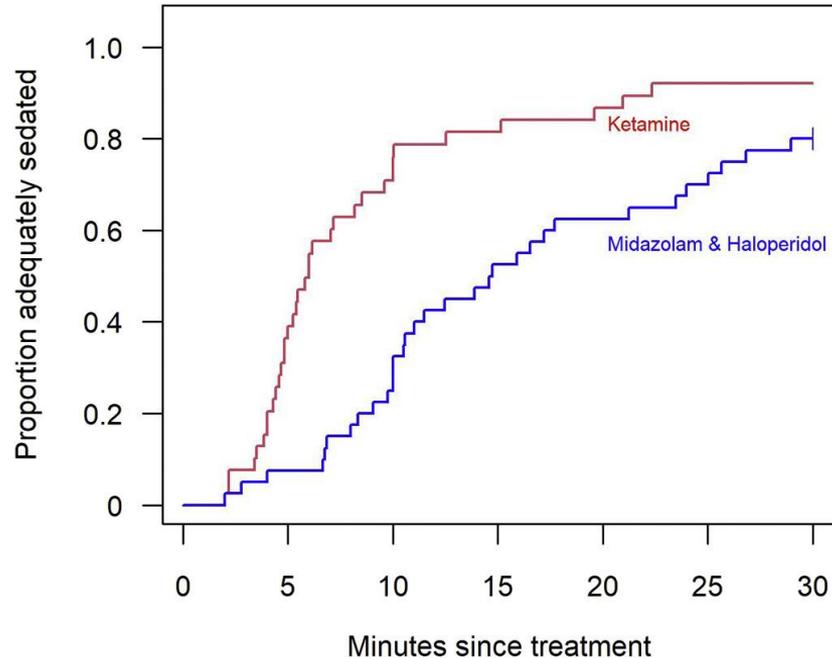
**Inizio: 4-6 min  
Durata: 15-25 min**



# Rapid Agitation Control With Ketamine in the Emergency Department: A Blinded, Randomized Controlled Trial



David Barbic, MD, MSc\*; Gary Andolfatto, MD; Brian Grunau, MD, MSCH; Frank X. Scheuermeyer, MD, MHSc; Bill Macewan, MD; Hong Qian, MSc; Hubert Wong, PhD; Skye P. Barbic, PhD; William G. Honer, MD



# Adverse events associated with ketamine for procedural sedation in adults

Reuben J. Strayer MD<sup>a,\*</sup>, Lewis S. Nelson MD<sup>b,c</sup>

Am J Emerg Med, 2008

Ketamine demonstrates a high degree of safety. In more than 70 000 patients described in this review, a single adverse cardiorespiratory event of lasting significance in an adult is attributed to the drug—a case report describing “Hypoxic cardiac arrest secondary to respiratory depression...in a debilitated adult [91].” No further circumstances or details are provided.

# Effetti clinici della Ketamina

WHO, Critical review of Ketamine ECDD 2006, 4.3

Anti-iperalgesia	0,05-0,3 mg/kg/h
Effetti psicomimetici	0,2-0,6 mg/kg/h
Analgesia	0,25-0,75 mg/kg
Broncodilatazione	0,5-1 mg/kg/h
Sedazione	1 mg/kg/h
Anestesia	1-3 mg/kg e.v. (fino a 10 mg/kg i.m.)

**Analgesia**

**Sedazione**

**Amnesia**

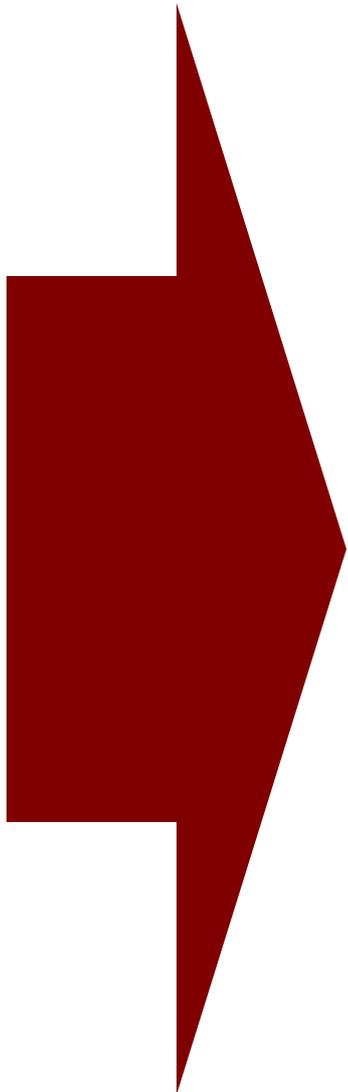
**Riflessi**

**Circolo**

**Ventilazione**



**100%**



**Iperensione**

**Tachicardia**

**Iperono**

**muscolare**

**Ipersalivazione**

**Distress**

**psichiatrico**

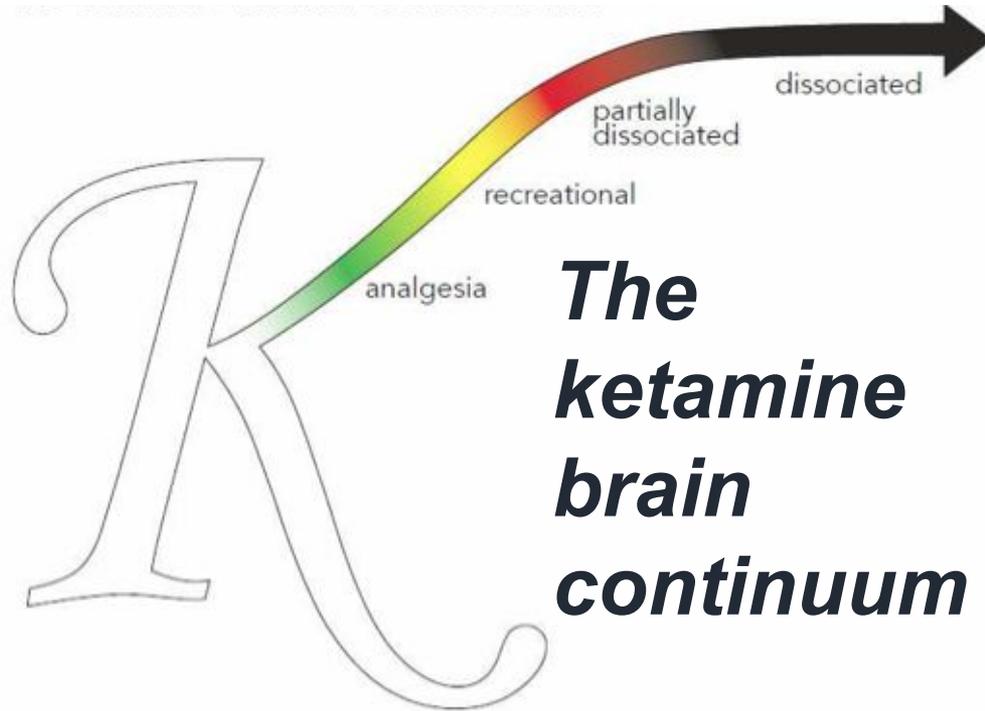


# **STRATIFICAZIONE**

**coronaropatia  
ipertensione severa**

# **ANTICIPAZIONE**

**ambiente  
pensieri positivi**



# The Hardest Part

Coldplay

*Chris Martin / Guy Raport Berriman / William Changlin / Jonathan Mark Buckland*

♩ = 124

E<sup>b</sup> Gm C7sus4

The first system of music consists of two staves. The top staff is a vocal line in G minor, 4/4 time, with a tempo of 124. It begins with a whole rest followed by a melodic line: C4-E4-G4, C4-E4-G4, C4-E4-G4, C4-E4-G4. The bottom staff is a piano accompaniment. The right hand plays a rhythmic pattern of eighth notes: C4-E4-G4, C4-E4-G4, C4-E4-G4, C4-E4-G4. The left hand plays a bass line: C3, C3, C3, C3.

E<sup>b</sup> Fsus4

The second system continues the piano accompaniment. The right hand plays: C4-E4-G4, C4-E4-G4, C4-E4-G4, C4-E4-G4. The left hand plays: C3, C3, C3, C3.

F Gm7 E<sup>b</sup>

1. And the hard est part was

The third system includes the start of the vocal line. The top staff has a whole rest followed by a melodic line: C4-E4-G4, C4-E4-G4, C4-E4-G4, C4-E4-G4. The bottom staff continues the piano accompaniment. The right hand plays: C4-E4-G4, C4-E4-G4, C4-E4-G4, C4-E4-G4. The left hand plays: C3, C3, C3, C3.

B<sup>b</sup> Dm Gm7

let-ting go, not tak-ing part. Was the hard -

The fourth system continues the piano accompaniment. The right hand plays: C4-E4-G4, C4-E4-G4, C4-E4-G4, C4-E4-G4. The left hand plays: C3, C3, C3, C3.



**PAZIENTE CRITICO**



HULK WILL SLEEP NOW, AND MAYBE WHEN HULK WAKES UP--

--EVERYTHING THAT HAS MADE HULK TIRED WILL BE CHANGED!

**Monitor**  
**(ECG/PA/SO<sub>2</sub>/EtCO<sub>2</sub>)**  
**Temperatura**  
**Emogasanalisi**

**Accesso venoso**  
**Bolo di cristalloidi**  
**Antipsicotico (?)**

# Ricerca & Trattamento

Possibili cause ed effetti di agitazione e sedazione

**1**

**IPOSSIA**

**IPERTERMIA**

**IPOGLICEMIA**

**IOPERFUSIONE**

**2**

**IPERKALIEMIA  
ACIDOSI  
INTRACRANIO  
INFEZIONE SNC**

**3**

**S. Astinenziali**

**Sostanze d'abuso**

**Sepsi**

**Tireotossicosi**

**Insufficienza epatica**

**Insufficienza renale**

**Trauma**

**Epilessia**

**...**

*Andrea, faremo tutto il possibile affinché quello  
che è successo a te non accada mai più*



LA TARANTELLA DI SERI  
CON PULCINELLA E I CARABINIERI...



Vento

