

Management of emergency presentation with overstimulation/ anxiousness/ agitation

b) Management of sedative withdrawal (alcohol, benzodiazepine or other sedative)

With history of recently stopped drinking or using sedatives with any of the following signs:

- Tremors, sweating, vomiting,
- increased blood pressure (BP) & heart rate, and
- agitation

If the person has tremors, sweating, or vital sign changes then give

- diazepam 10-20 mg orally (p.o.) and transfer to hospital.
- Observe and repeat doses as needed for continued signs of withdrawal (tremors, sweating, increased BP and heart rate).
- For alcohol withdrawal only: Give thiamine 100 mg daily for five days.

Immediate hospital referral is needed in following conditions.

- Other serious medical problems, e.g. hepatic encephalopathy, gastrointestinal bleeding, or head injury.
- Seizures: give diazepam 10-20 mg p.o., i.v. or rectum (p.r.) first.
- Delirium: give diazepam 10-20 mg p.o., i.v. or p.r. first. If severe and not responsive to diazepam, give an anti-psychotic medication such as haloperidol 1-2.5 mg p.o. or i.m.
- Continue to treat other signs of withdrawal (tremors, sweating, vital signs changes) with diazepam p.o., i.v. or p.r.

c) Management of acute stimulant intoxication

With history of recently used stimulants (cocaine, amphetamine type stimulants (ATS) or other stimulants) with any of the following signs:

- dilated pupils,

- anxiety, agitation, hyper-excitability state, racing thoughts,
- raised pulse and blood pressure
- Give diazepam 5-10 mg p.o., i.v., or p.r in titrated doses until the person is calm and lightly sedated.
- If psychotic symptoms are not responsive to diazepam, consider antipsychotic medication such as haloperidol 1-2.5 mg p.o. or i.m..
- Treat until symptoms resolve. If symptoms persist, go to psychosis.
- If the person has chest pain, tachyarrhythmias, or other neurological signs, transfer to hospital.
- During the post-intoxication phase, be alert for suicidal thoughts or actions. If suicidal thoughts are present, go to suicidal ideation (SUI).
- For management of persons with aggressive and/or agitated behaviours, go to the management of persons with agitated and/or aggressive behaviours below.

d) Acute opioid withdrawal management

With history of recently stopped using opioids with any of the following signs:

- dilated pupils,
- runny eyes and nose,
- muscle aches, headache, abdominal cramps,
- nausea, vomiting, diarrhea,
- anxiety, restlessness
- Methadone 20 mg, with a supplemental dose of 5-10 mg 4 hours later if necessary.
- Buprenorphine 4-8 mg, with a supplementary dose 12 hours later if necessary.

How to communicate with agitated and/or aggressive patients?

- Safety is first.
- Remain calm and encourage the patient to talk about his or her concerns.

- Use a calm voice and try to address the concerns if possible.
- Listen attentively. Devote time to the person.
- Never laugh at the person.
- Do not be aggressive back.
- Try to find the source of the problem and solutions for the person.
- Involve carers and other staff members.
- Remove from the situation anyone who may be a trigger for the aggression.
- If all possibilities have been exhausted and the person is still aggressive, it may be necessary to use medication (if available) to prevent injury.