The Agitated Child: First 10 Minutes

Prevent → de-escalate → treat the cause → restrain only as a last resort

1 Change the environment first

- Lights down, noise down, out of the waiting room
- Fewer people in the room, not more
- One voice — assign a single speaker, like a resuscitation
- Offer food, a drink, a blanket, a device
- Remove obvious hazards; do not corner the child

2 Ask the caregiver — they are your expert

1. What triggers him or her?
2. What calms him or her at home?
3. What medications — and when was the last dose?
4. What was already tried today, and what made it worse?

Write the answers where the next shift can see them.

3 Verbal de-escalation is a technique

- Respect personal space; get at eye level
- One calm voice; short sentences; concrete words
- Offer real choices (“juice or water”), not commands (“calm down”)
- Agree where you can; set limits kindly and specifically
- Praise the behavior you want more of

4 The child with autism or a developmental disability

- Nonverbal ≠ not understanding. Talk to the child. Fewer words, more time.
- Look for hidden physical discomfort: dental pain, constipation, hunger
- Reduce sensory input before reaching for any medication
- Ask about prior medication responses — paradoxical reactions matter here
- Reach for clonidine first; be cautious with benzodiazepines (risk of paradoxical agitation)

5 If restraint becomes unavoidable

- Fewest points, shortest time, reassess continuously, release at the first safe moment
- A restrained child is at the highest-risk moment of the visit — children have died in restraints. Someone keeps eyes on the child.
- Debrief afterward: what triggered it, what we missed, what changes

The one to remember: never give intramuscular (IM) olanzapine within 1 hour of a parenteral benzodiazepine — respiratory depression.

Adapted from Gerson R, et al. West J Emerg Med 2019;20(2):409–418 (pediatric BETA consensus); Saidinejad M, et al. JACEP Open 2024;5:e13255; and the EMSC Innovation & Improvement Center (EIIC) Pediatric Mental Health Toolkit. Not a substitute for clinical judgment or your institutional protocols.

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