Agitation Medication by Etiology

Weight-banded · inclusion floor ≥20 kg (below 20 kg, consult)

DRAFT Adapted from an in-development ED pediatric agitation order set at Oregon Health & Science University (OHSU; not yet live) and national consensus (Gerson 2019; Saidinejad 2024). Verify against your own protocols and pharmacy before use. Not a substitute for clinical judgment.

First, why is the child agitated? The cause picks the drug.

Etiology	First reach	Avoid
Psychiatric	Oral first: olanzapine ODT; give any missed home meds	IM when oral is feasible
Autism / developmental disability	Clonidine PO; consider a dose of the home med	Benzodiazepines (paradoxical agitation)
Intoxication / withdrawal	Lorazepam (route per severity); identify the substance	Stacking multiple agents
Medical / delirium	Treat the cause; low-dose 2nd-gen antipsychotic if needed	Benzodiazepines, anticholinergics, opioids

Weight-banded dosing

Drug & route	20–39 kg	40–59 kg	≥60 kg	Interval & limits
Clonidine — PO ASD/DD first-line	0.05 mg	0.1 mg	0.1 mg	q6–8h PRN; max 0.4 mg/day. Hold if HR <60 or SBP <90.
Olanzapine ODT — PO psychiatric / ASD	2.5 mg	5 mg	10 mg	q8h PRN; max 20 mg/day (IM+PO); single dose ≤10 mg
Olanzapine — IM severe	5 mg	5–10 mg	10 mg	q8h PRN; max 20 mg/day (IM+PO)
Lorazepam — PO/IM/IV intox / withdrawal	0.05–0.1 mg/kg/dose · single dose ≤2 mg			q4–6h PRN. Avoid in delirium, ASD, or paradoxical-reaction history.

The dangerous combination: never give IM olanzapine within 1 hour of a parenteral benzodiazepine — respiratory depression.

General rules (national consensus)

- Oral before IM, every time it’s safe. IV over IM if access already exists.
- A second dose of the same med usually beats adding a different one.
- Reassess etiology after two doses. Watch for akathisia or NMS mimicking “worsening agitation.”
- Ketamine and barbiturates: not recommended for pediatric agitation.

Weight bands and doses mirror the talk’s dosing slide, from OHSU’s draft ED pediatric agitation order set (in progress, 2026) and Gerson R, et al. West J Emerg Med 2019;20(2):409–418; Saidinejad M, et al. JACEP Open 2024;5:e13255. Doses may change before the order set goes live — confirm locally. ASD = autism spectrum disorder; DD = developmental disability; ODT = orally disintegrating tablet; NMS = neuroleptic malignant syndrome.

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