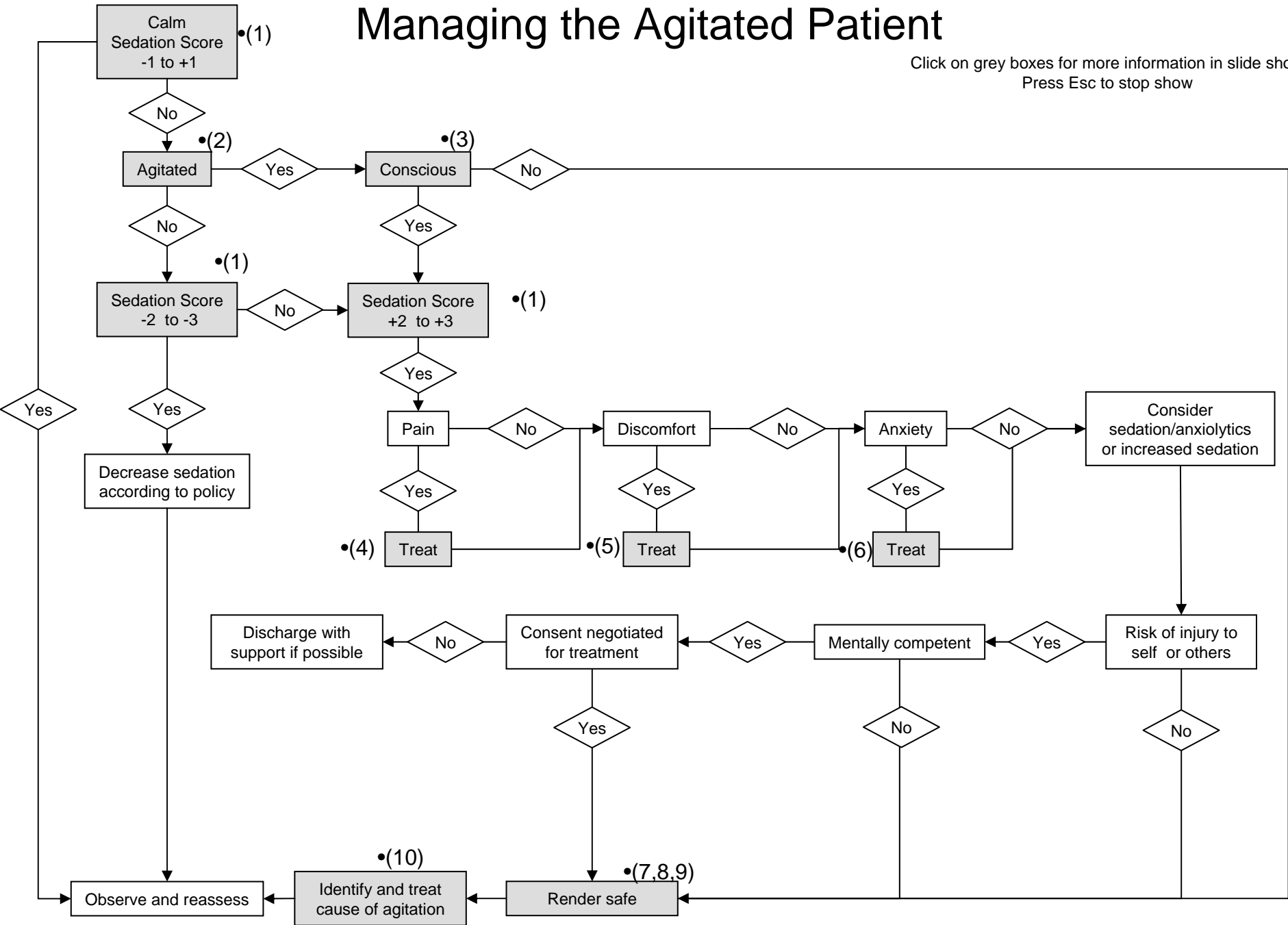


Managing the Agitated Patient

Click on grey boxes for more information in slide show
Press Esc to stop show



Comfort measures

- Give information
- Repositioning
- Wash /sheet change
- Remove noxious stimulus
- Massage
- Aromatherapy
- Distraction

Pain management

- Give information
- Give analgesia
 - paracetamol
 - NSAIDS
 - opiates
 - regional analgesia
- Review for effect (15 min)
- Inform medical staff if ineffective
- Consider involving pain team

Anxiety management

- Give information
- Reassurance
 - therapeutic nurse, family
- Adjust environment
 - reduce noise
 - reduce light
 - develop day/night cycle
 - promote rest
- Anxiolytic

Causes of Agitation

- Environmental
- Disease process
- Sepsis
- Treatment side effects
- Hypoxaemia
- Alcohol/drug withdrawal
- Encephalopathy
- Cerebral irritation
- Pre-existing psychosis

Rendering patient safe

- Attempt reasoning
- Comfort measures, handholding
- Mattress on floor
- If interfering with life sustaining treatment or assaulting staff
 - involve NIC, SpR, Consultant
 - consider muscle relaxant if ventilated and unconscious
 - consider minimal physical restraint (posey mitts)
- Document rationale
- Review need hourly

UCLH Sedation Score

- +3 Agitated and restless
- +2 Awake and uncomfortable
- +1 Aware but calm
- 0 Roused by voice, remains calm
- -1 Roused by movement
- -2 Roused by noxious or painful stimuli
- -3 Unroutable
- A Natural sleep
- P Completely paralysed

Assessing consciousness

- Consciousness has two components - arousal and content
- Arousal is affected by midbrain problems and content by cerebral hemisphere problems
- Unconsciousness is the condition in which the patient makes no appropriate responses to stimuli, either external (e.g. pain) or internal (e.g. thirst)
- Posturing and reflex movements may occur in the unconscious patient
- Sympathetic responses may occur in the unconscious patient
 - e.g. tear formation, blood pressure rise, tachycardia
- A sedation score of +3 may indicate agitation but this does not necessarily mean consciousness
 - e.g. no response to stimulation
- The unconscious patient probably does not require sedation

Definition of Agitation

Excessive motor or verbal behaviour that interferes with patient care, patient or staff safety and medical therapies.

Haskell and Frankel, Agitation. AACN Clinical Issues 1997; 8: 335-50

SAFE USE OF POSEY MITTS

- Contraindications:
 - Do not use Posey mitts on patients with dislocations, fractures or open wounds on the affected limb.
 - Do not use Posey mitts if the I.V. site could be compromised.
- Precautions:
 - Do not apply too tightly (circulation may be impaired)
 - Check circulation frequently and monitor for skin discolouration.
 - Release Posey mitts at least hourly.
 - Do not attach to cot sides or bed rails.
 - Do not leave a patient wearing Posey mitts unattended.
 - Posey mitts should not be used when the patient is on the toilet.

RECOMMENDATIONS FOR USE OF POSEY MITTS

- 1) The decision to use a restrictive product should be made by the nurse in charge (G grade) in agreement with the SpR or Consultant
- 2) The reason for the decision should be entered in the patient record, and signed.
- 3) The patient must be under direct visual supervision at all times.
- 4) The Posey mitts must be removed every hour to check circulation and movement.
- 5) The need for the Posey mitts should be reviewed each hour.

GUIDELINES FOR NURSING A PATIENT ON A MATTRESS ON THE FLOOR

- Bed rails will not prevent a determined patient climbing out of bed, just make it further to fall.
- A mattress on the floor without rails may remove the perception of being imprisoned.
- The decision to nurse a patient on the floor should be made by the G grade and the SpR or Consultant.
- Assessment is the priority: complete a Manual Handling Risk Assessment Form when the patient is on the bed, and again when on the mattress on the floor. (Copies of form are on the Public Folders).
- The patient must be able to assist with mobilising from mattress to bed or chair. There is no hoist available for lifting from floor level. Hospital protocol forbids straight lifting except post resuscitation or for conditions/injuries contraindicating use of hoist.
- Consider the dependency of the patient. Stooping or kneeling will be physically demanding for the nursing staff, who may need to swap during shift. Using two mattresses side by side or obtaining a pair of gardening knee pads may be helpful.
- Utilise resources such as the Moving and Handling Nurse Adviser and physios.