

# AGITATION DDX

EM FLAME LECTURE: 50

COLLINS 9.19.20

# LEARNING OBJECTIVES

- ▶ Understand differential diagnosis for agitation
- ▶ Describe the workup for agitation in the ED
- ▶ Distinguish between psychiatric and medical causes of agitation
- ▶ Understand the first line treatments for agitation

# "CAN'T MISS" DIAGNOSES

## ▶ Severe metabolic disturbance (Hypoglycemia)

- ▶ Have a high index of suspicion for hypoglycemia
- ▶ Immediate action: check glucose, give oral glucose

## ▶ Intracranial Hemorrhage

- ▶ Suspect if: acute trauma, sudden onset headache
- ▶ Immediate action: CT Head, neurosurgery consult

## ▶ Hypoxia/Hypercarbia

- ▶ Suspect when patient has concurrent respiratory distress
- ▶ Immediate action: supplemental oxygen, intubation

# COMMON CAUSES OF AGITATION

## ▶ **Substance Use**

- ▶ Known or suspected based on physical exam/history
- ▶ Order Utox, Check pupils, Monitor vitals

## ▶ **Delirium**

- ▶ Consider this especially for elderly
- ▶ Administer *Confusion Assessment Method*, look for underlying cause such as infection

## ▶ **Psychiatric condition**

- ▶ Schizophrenia, Bipolar Disorder, Brief psychotic episode

## F.I.N.D. M.E.

- ▶ **Functional:** psychiatric condition (schizophrenia, psychosis, bipolar)
- ▶ **Infectious:** Encephalitis, meningitis, sepsis, UTI
- ▶ **Neurological:** Intracranial Hemorrhage, Seizure, Stroke, Korsakoff's syndrome
- ▶ **Drugs:** Alcohol, Methamphetamines, Cocaine, PCP
- ▶ **Metabolic:** Hypoglycemia, Hypoxia, Electrolyte disturbance
- ▶ **Endocrine:** Thyrotoxicosis, Myxedema Coma

# RELEVANT HISTORY

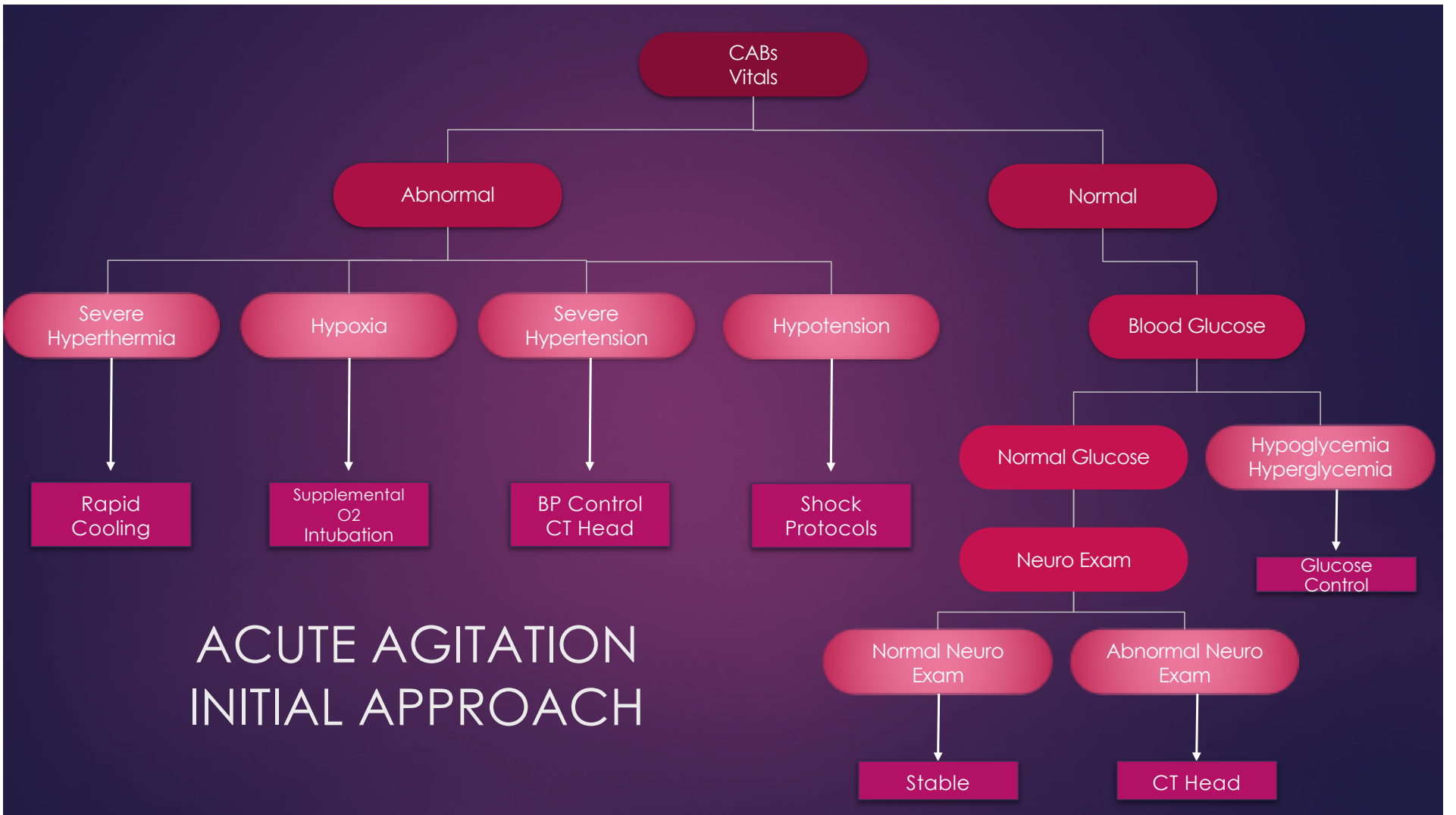
- ▶ PMH with particular attention to
  - ▶ Psychiatric conditions
  - ▶ Diabetes (and insulin use)
  - ▶ Respiratory conditions
  - ▶ Seizure disorder
- ▶ Substance Use (past and recent use)
- ▶ Recent trauma
- ▶ New medications

## Drugs Causing Agitation

Amphetamine  
Cocaine  
Dextromethorphan  
Jimsonweed  
MDMA  
Mephedrone  
Methamphetamine  
PCP  
Prescription Meds

# RELEVANT PHYSICAL EXAM

- ▶ Immediate: Be Safe! Keep yourself and other staff members safe, call for backup.
  - ▶ **Pupils** - abnormal suggest intoxication or neurologic source
  - ▶ **Pulse ox** - rule out hypoxia
  - ▶ **Glucose** - rule out hypoglycemia
  - ▶ **Temperature** - rule out severe hyper/hypothermia
- ▶ Other crucial PE: **basic neuro exam**





# INITIAL WORK UP IN THE STABLE PT

In addition to glucose and vitals, obtain:

- ▶ **UA** - UTI is a cause of delirium in the elderly
- ▶ **Utox** - substance use is a common cause
- ▶ **CBC/BMP** - looking for electrolyte derangement and evidence of nutritional deficiencies
- ▶ EKG, lactate, troponin
- ▶ *Consider:*
  - ▶ CT Head in patients with history of trauma or neurologic deficits
  - ▶ LP in febrile patients with no other apparent source

# SUMMARY

CHIEF COMPLAINT	CAN'T MISS	MOST COMMON	OTHER DX	WORK UP
<b>Agitation</b>	Hypoxia Hypoglycemia ICH Meningitis Encephalitis Thyrotoxicosis Sepsis	Substance Use Delirium Psychiatric UTI Postictal state	Electrolyte disturbance  Nutritional deficiency	Glucose Utox UA CBC BMP

# IMPORTANT LINKS / REFERENCES

1. 2016 Model of the Clinical Practice of Emergency Medicine
2. Welsh, EMRA EM Fundamentals 2016
3. UptoDate
4. EM:RAP C3 Podcast- Altered Mental Status
5. Adams, Emergency Medicine Clinical Essentials 2013