Pharmacological Management of Agitation and Aggression Following TBI

START

Severe acute life threatening agitation, imminent danger?

YES → IM or IV sedatives until agitation controlled

NO → Severe agitation concerns for staff and patient safety?

YES → Treat with oral neuroleptic at minimum necessary dose. Preference for newer generation agents (Quetiapine, Olanzapine, Risperidone and Aripiprazole). Methotrimeprazine can also be used.

NO → Medical workup for cause of agitation and delirium such as metabolic/electrolyte abnormality, infection, seizures, pain, medications, substance withdrawal, etc.

YES → Commence systematic behavioral observations: Antecedents/Behaviors/Consequences Provide environmental support: Quiet room/frequent reorientation

NO → Residual aggression or agitation?

YES → Reduce sedative medications

NO → Does patient have very low general arousal?

YES → Persistent very low arousal

YES → Amantadine

NO → Poor attention

NO → Methylphenidate

IMPROVED?

NO → Normal or elevated BP, Normal hydration

YES → Is agitation episodic?

YES → Emotional lability, anxiety or depressive symptoms?

YES → Consider Sertraline or other SSRI

NO → Insomnia and pain?

YES → Consider TCA

NO → Cognitive assessment and rehabilitation

IMPROVED?

NO → RE-evaluate patient’s medical status

1 VPA: Valproate
2 SSRI: Serotonin specific reuptake inhibitor
3 TCA: Tricyclic antidepressants