

# Causes of Agitated Behaviour - Critical Care

*Recognition of cause for agitation may prevent further escalation of the unwanted behaviour and reduce or eliminate the need for restraint.*

Possible Causes for Agitated Behaviour	Preventative and Alternative Strategies for Patient Management
Gastrointestinal issues -constipation, urge to defecate, incontinence -nausea	Check for and treat constipation. Provide toileting assistance regularly. Administer antiemetic if ordered for nausea.
Untreated or under treated pain or discomfort	Assess and monitor pain using validated assessment tools (e.g., Critical-Care Pain Observation Tool (CPOT), numeric pain scale). Administer analgesia regularly when indicated. Provided regular repositioning and mobilization. OT/PT consults.
Sensory impairment or loss	Have eye glasses, hearing aids, and dentures in place during the day.
Emotional distress, depression, anxiety.	Introduce yourself. Use calm, reassuring tone of voice. Take time to listen. Allow patient more control or choices. Provide call bell.
Unfamiliar surroundings	Place familiar objects in room (e.g. clock, calendar, family pictures). Encourage family visits and involvement. Reorientation to environment as required. Provide consistent caregivers.
Malfunction of device.	Assess for compromise to medical equipment (e.g. obstruction of urinary catheter, interstitial peripheral intravenous catheter).
Delirium	Frequent reorientation and education regarding purpose of medical equipment (e.g. urinary catheter, intravenous tubing, etc). Place tubing/catheters out of patient view whenever possible. Discontinue lines and catheters at earliest opportunity. Administer medication as ordered to treat delirium. Mobilize whenever possible.
Abnormal blood work - hypoglycemia, hypoxemia, malnutrition, dehydration, infection.	Monitor and correct abnormal lab values. Monitor for clinical signs of infection.
Sleep deprivation	Balance rest and activity. Provide environment conducive to sleep to establish sleep/wake cycle.

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