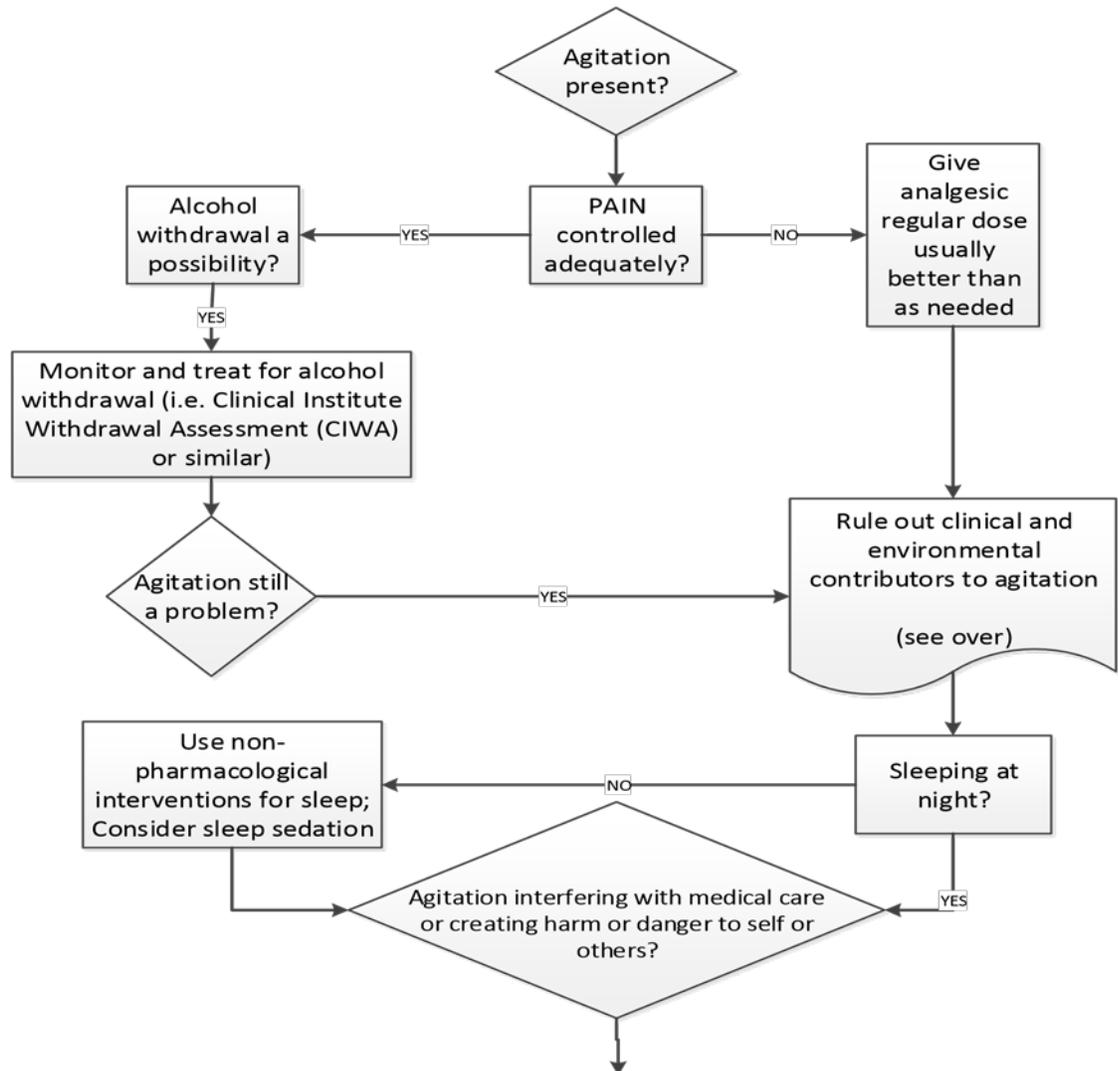


Management of Agitation Following Brain Injury – Rehabilitation and Acquired Brain Injury - Adult Patients

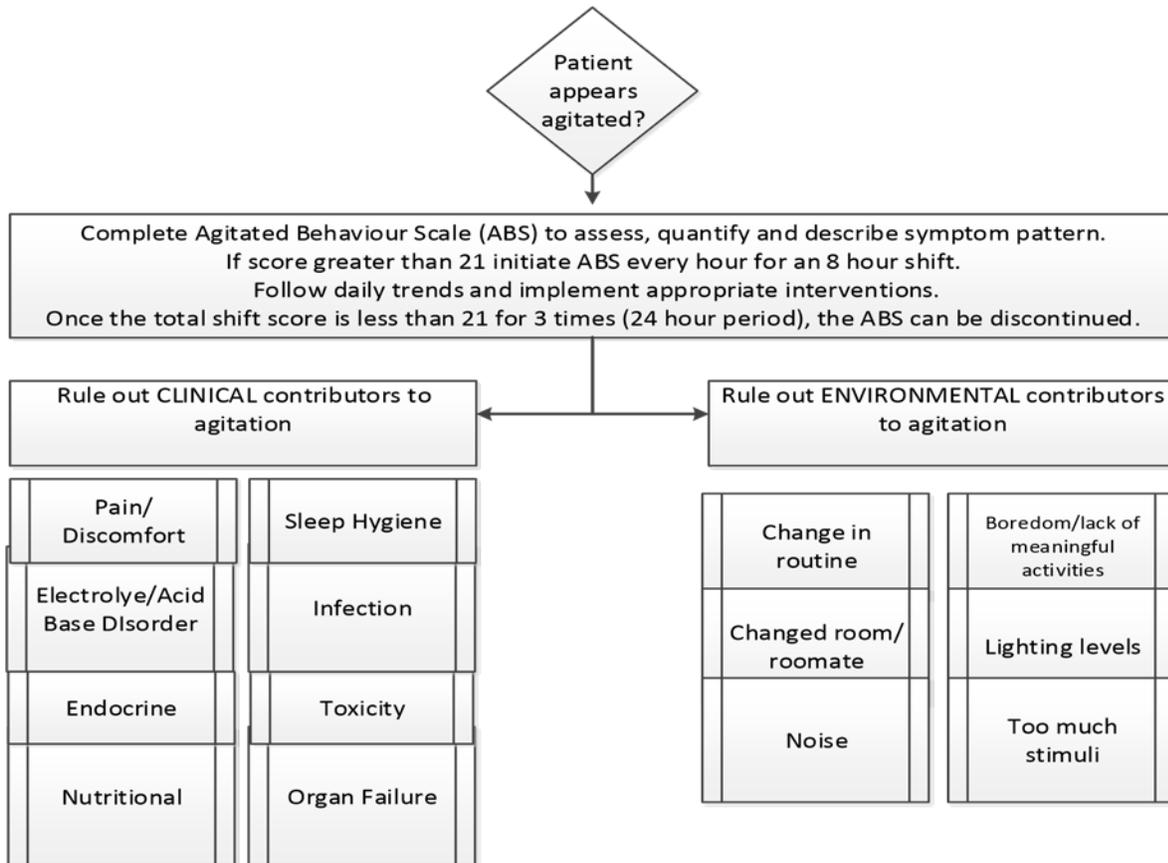


1. **Consider mechanical restraints;** ensure appropriate pharmacological intervention is used concurrently to minimize further agitation and/or injury.

2. **Consider pharmacological intervention.** Start low and go slow. Taper to effect. Use scheduled medications proactively and PRNs when needed.

Note: When medication has been effective in moderating severe behaviour, staff are often reluctant to reduce or withdraw the medication for fear of a return to dangerous or disruptive levels of responding. The patient may be kept on the drug well beyond the time needed. Most medications have the potential to affect the level of alertness, cognition and initiation of a patient, which may have deleterious effects on rehab. Individuals with a brain injury are typically more sensitive to medications and their side effects (depression, mania, insomnia, paranoia)

Management of Agitation Following Brain Injury | 2



When considering mechanical restraints:

Physical restraints are not considered effective for fall prevention

Always choose the least restrictive device

Notify and involve the attending physician / nurse practitioner in decision to initiate protocol; refer to details in AHS *Restraint Policy*.

Family members/agents should be involved in decision-making regarding restraint use whenever possible. These individuals are to be provided with explanations about the benefits and possible hazards of restraint use. This should be documented.

Monitor closely for proper placement and more frequently if restless; monitor color, sensation, movement (CSM) and skin integrity at regular intervals; offer toileting, restraint free periods and fluids while awake.

There should be timely and routine evaluation to consider appropriateness of a trial to decrease the use of restraints.

If patient remains agitated, consider family or constant care attendant to sit with the patient

Consideration for appropriate pharmacological restraint should be made concurrently to minimise further agitation or injury