



From Screening to Stabilization: Pediatric Psychiatric Emergencies

Dina Wallin , MD

March 9, 2025

UCSF-San Francisco General Hospital



Take-aways



**Screen like
their lives
depend on
it.**



**Phlebotomy
does not
cure
depression.**



**Olanzapine
thy function
be great**



Goal

To refine emergency department evaluation and management of pediatric patients presenting with behavioral emergencies.



The slide features a tropical theme with various green leaves and a Bird of Paradise flower. In the top left, there is a large, dark green, textured leaf. In the top right, a palm frond with many thin, light green leaves extends across the corner. On the left side, a Bird of Paradise flower with bright orange and blue petals is shown. At the bottom left, there are several large, dark green, textured leaves. At the bottom right, another large, dark green, textured leaf is visible.

Objectives

After attending this session, learners will be able to:

- Explain the importance of universal suicide screening for kids in the ED.
- Describe a streamlined approach to medical screening of pediatric patients with behavioral concerns.
- Name effective pharmacologic and non-pharmacologic strategies for management of pediatric agitation.

Take-aways



**Screen like
their lives
depend on
it.**



**Phlebotomy
does not
cure
depression.**



**Olanzapine
thy function
be great**



**STILL no
commercial or
financial
interests to
disclose.**





Pediatric suicidality

- Increasing, without outpatient resources
 - Bigger increase in Black and Hispanic youth
- **A leading cause of death** in 10-24 years old
- Many kids have accessed care recently



Universal suicide screening

- Ask Suicide -Screening Questions (ASQ) and Computerized Adaptive Screen for Suicidal Youth (CASSY) most common
- **35%** of kids presenting with **medical** concerns screened positive
- **A positive screen means something!**



Take-aways



**Screen like
their lives
depend on
it.**



**Phlebotomy
does not
cure
depression.**



**Olanzapine
thy function
be great**



A decorative border of various tropical leaves, including Monstera and palm leaves, framing the central text. The leaves are in shades of green and teal, with some showing natural holes and patterns.

Medical optimization

Initial interview

- Explain today's plan
- What happened?
- Past episodes and outcomes
- Past and current
therapeutics
- **Detailed medical history and
review of systems**



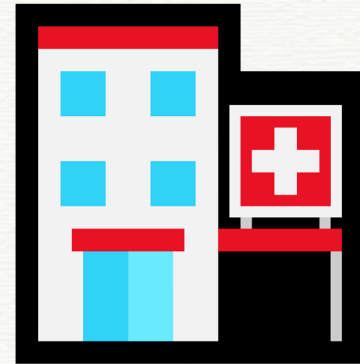
Exam

- Symptom -driven
- **Full set of vital signs**
- Skin exam
- Neuro exam
- Basic elements of psych exam



Medical optimization

- Two goals
- *Not* “clearance!”
- **Routine labs are unnecessary**
 - Rarely change outcome
 - Add to cost and LOS
 - May threaten tenuous rapport





Screening labs

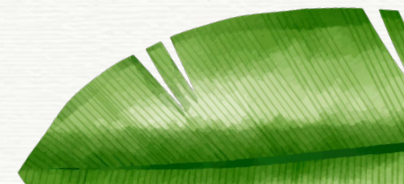
ACEP

Do not routinely order laboratory testing on patients with acute psychiatric symptoms. Use medical history, previous psychiatric diagnoses, and physician examination to guide testing.



AAP

Routine diagnostic testing generally is **low yield, costly, and unlikely to be of value** or affect the disposition or management of ED psychiatric patients.





Testing

- Symptom -driven
- Covid screen
- Urine HCG
- Consider ECG
- *Consider urine tox screen*

Take-aways



Screen like
their lives
depend on
it.



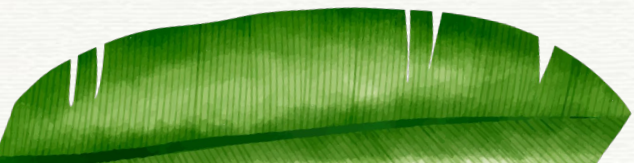
**Phlebotomy
does not
cure
depression.**



Olanzapine
thy function
be great

Special circumstances

- à EI | ä ž D D ČÚž D
 - ∫ IJČž D QbŸh D L D ž IJž ζ
 - á || Dž D ě || ŌLg D || ž D ∫ ≥ ž Ú || 7 ʋ
 - | ČÚž D s || 7 Č D
 - ě é D Č ž D L L D D ž s
 - ; L I J ž || 7 ž Ú Č Ú D 7 ž L D D L ž || 7
- ; Úž D ž Č I J || ä Ĩ
 - i 7 Č D D ž ž
 - ; L D S || D Ú D D Č Ú ž D ♥
- i 7 ♠ | h ž Č L D ž Č Ú ž D
 - ∫ || é D D D g L =
 - ∫ Č D D ž s ž Č ž Č L ʋ





A decorative border of various tropical leaves, including Monstera and palm leaves, framing the central text. The leaves are in shades of green and teal, with some showing natural holes and patterns.

Agitation

Verbal de-escalation

1. Respect personal space.
2. Avoid provocation.
3. Establish verbal contact.
4. Be concise.
5. Identify wants & feelings.

wń ~ž<D7 Ć=|| <Dĩ ♠||G ŪL ♠ŪEDQ
|L&ZD7 ♠Z<LĪ Ž ś ģ
Ÿň ś [DEU] [D]s [DEQ]||G Z<Ls [DEĐ]
ŷň ∫ Đ&Ō<DL [E]Z<Z<η
f ģ ë ŌĐ [Ū]||Z<D<D7 ä Ω || Z<Z<Z<ň
Ůň AĐć [D]SŪEDQ |L&ZD7 ♠D7 ä Ω
<LŌň

A decorative border of tropical foliage surrounds the slide. In the top left, there are large, dark green, pointed leaves. In the top right, a palm frond with many thin, light green leaves extends across the corner. In the bottom left, a Bird of Paradise flower with bright orange and blue petals is shown next to several large, dark green, pointed leaves. In the bottom right, there are more large, dark green, pointed leaves.

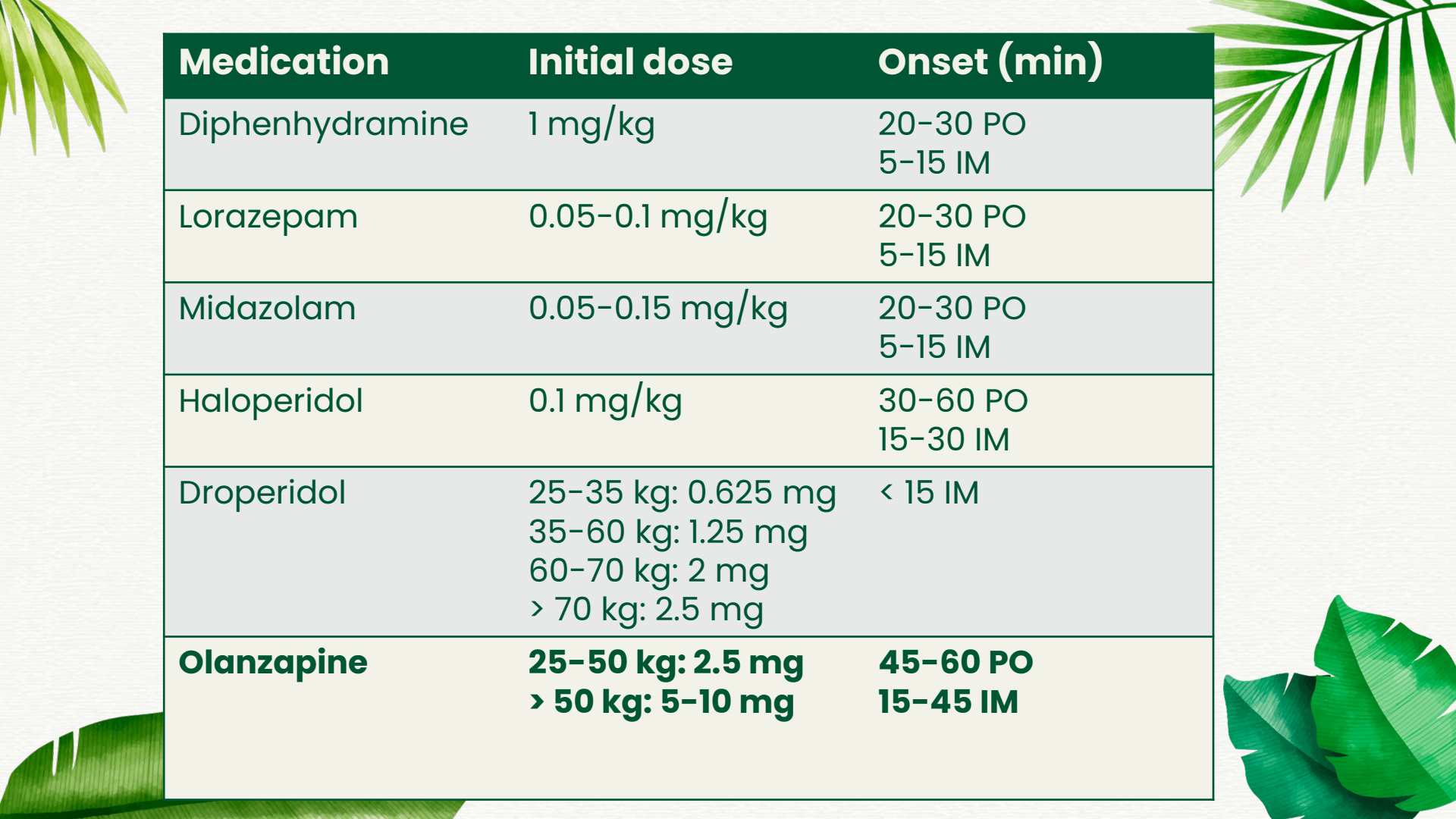
Restraints

- Physical
 - **Great potential for harm**
 - Prone may be safer
 - Continuous monitoring, regular reassessment
- Chemical
 - Our wheelhouse!



Restraints

- Oral >> parenteral
- Base choices on agitation level:
 - Mild: antihistamine, benzo
 - Moderate: benzo, antipsychotic
 - Severe: simultaneous benzo and antipsychotic, repeating as needed q30 minutes



Medication	Initial dose	Onset (min)
Diphenhydramine	1 mg/kg	20-30 PO 5-15 IM
Lorazepam	0.05-0.1 mg/kg	20-30 PO 5-15 IM
Midazolam	0.05-0.15 mg/kg	20-30 PO 5-15 IM
Haloperidol	0.1 mg/kg	30-60 PO 15-30 IM
Droperidol	25-35 kg: 0.625 mg 35-60 kg: 1.25 mg 60-70 kg: 2 mg > 70 kg: 2.5 mg	< 15 IM
Olanzapine	25-50 kg: 2.5 mg > 50 kg: 5-10 mg	45-60 PO 15-45 IM

Take-aways



Screen like
their lives
depend on
it.



Phlebotomy
does not
cure
depression.



Olanzapine
thy function
be great



Cases



Objectives

à || GíΩGĐΩŁ▣ĐΩŁć≡ĐΩ♠ || ů

- Gh ||≡ŁŻγ Ω♠ÚĐΩŽ γ ||▣♠Łγ ČĐΩ || śΩIJγ ŽgĐ▣◀Ł≡Ω◀IJČŽăĐΩ◀Č▣ĐĐγ Žγ śΩŚ ||▣Ω↑Žă◀ΩŽγ Ω♠ÚĐΩG
- AĐ◀Č▣ŽćĐΩŁΩ◀♠▣ĐŁ γ≡Žγ ĐăΩŁ ||▣|| ŁČÚΩ♠ || ΩγĐăŽČŁ≡Ω◀Č▣ĐĐγ Žγ śΩ || śΩ ||ĐăŽŁ♠▣ŽČΩ || Ł♠ŽĐγ GŽ♠ÚΩćĐÚŁgŽ ||▣Ł≡ΩČ ||γ ČĐ▣γ ◀ń
- àŁ γĐΩĐŌĐČ♠ŽgĐΩ ||ÚŁ▣γŁČ ||≡|| śŽČΩħγ äΩγ ||γ ||ÚŁ▣γŁČ ||≡|| śŽČΩ◀♠▣Ł♠ĐśŽĐ◀ΩŚ ||▣ΩγŁγ ŁśĐ γĐγ ♠Ω || śΩ ||ĐăŽŁ♠▣ŽČΩŁśŽ♠Ł♠Ž ||γ ń



Goal

To refine emergency department evaluation and management of pediatric patients presenting with behavioral emergencies.



Take-aways



**Screen like
their lives
depend on
it.**



**Phlebotomy
does not
cure
depression.**



**Olanzapine
thy function
be great**



Thank you!

dina.wallin@ucsf.edu

CREDITS: This presentation template was created by **Slidesgo**, including icons by **Flaticon**, infographics & images by **Freepik**





References

1. Brent DA, Horowitz LM, Grupp-Phelan J, et al. Prediction of Suicide Attempts and Suicide-Related Events Among Adolescents Seen in Emergency Departments. *JAMA Netw Open*. 2023;6(2):e2255986. Published 2023 Feb 1. doi:10.1001/jamanetworkopen.2022.55986.
 2. Cervantes PE, Gibbons RD, Seag DEM, Baroni A, Li A, Horwitz SM. Identification of suicide risk in a pediatric psychiatric emergency setting: Comparing the Ask Suicide-screening Questions and the Kiddie-Computerized Adaptive Test-Suicide Scale. *Evid Based Pract Child Adolesc Ment Health*. 2024;9(4):561-574. doi:10.1080/23794925.2024.2303778.
 3. Cervantes, P.E., Li, A., Sullivan, K.A. et al. Assessing and Managing Suicide Risk in Autistic Youth: Findings from a Clinician Survey in a Pediatric Psychiatric Emergency Setting. *J Autism Dev Disord* 53, 1755–1763 (2023). <https://doi-org.ucsf.idm.oclc.org/10.1007/s10803-022-05448-8>.
 4. Cole JB, Klein LR, Strobel AM, Blanchard SR, Nahum R, Martel ML. The Use, Safety, and Efficacy of Olanzapine in a Level I Pediatric Trauma Center Emergency Department Over a 10-Year Period. *Pediatr Emerg Care*. 2020 Feb;36(2):70–76. doi: 10.1097/PEC.0000000000001231. PMID: 28697164.
 5. DeVlyder JE, Ryan TC, Cwik M, et al. Assessment of Selective and Universal Screening for Suicide Risk in a Pediatric Emergency Department. *Focus (Am Psychiatr Publ)*. 2023;21(2):217–224. doi:10.1176/appi.focus.23021007.
 6. Edgcomb JB, Olde Loohuis L, Tseng CH, et al. Electronic Health Record Phenotyping of Pediatric Suicide-Related Emergency Department Visits. *JAMA Netw Open*. 2024;7(10):e2442091. Published 2024 Oct 1. doi:10.1001/jamanetworkopen.2024.42091.
 7. Georgadarellis AG, Baum CR. De-escalation Techniques for the Agitated Pediatric Patient. *Pediatr. Emerg. Care* 2023;39(7):535–539. | DOI: 10.1097/PEC.0000000000002989.
 8. Lowry NJ, Goger P, Hands Ruz M, Ye F, Cha CB. Suicide Risk Screening Tools for Pediatric Patients: A Systematic Review of Test Accuracy. *Pediatrics*. 2024;153(3):e2023064172. doi:10.1542/peds.2023-064172.
 9. Saidinejad M, Duffy S, Wallin D, et al. The Management of Children and Youth With Pediatric Mental and Behavioral Health Emergencies. *Pediatrics*. 2023;152(3):e2023063256. doi:10.1542/peds.2023-063256.
 10. Vasa RA, Kalari VK, Kitchen CA, Kharrazi H, Campo JV, Wilcox HC. Suicide Risk Screening in Children and Adolescents with Autism Spectrum Disorder Presenting to the Emergency Department. *Jt Comm J Qual Patient Saf*. Published online November 8, 2024. doi:10.1016/j.jcjq.2024.11.002.
 11. Wadih EG, Caperell K. Catching Suicide Before It Harms: Universal Suicide Screening in a Pediatric Emergency Department. *Pediatr Emerg Care*. 2024;40(7):559–561. doi:10.1097/PEC.0000000000003186.
- 