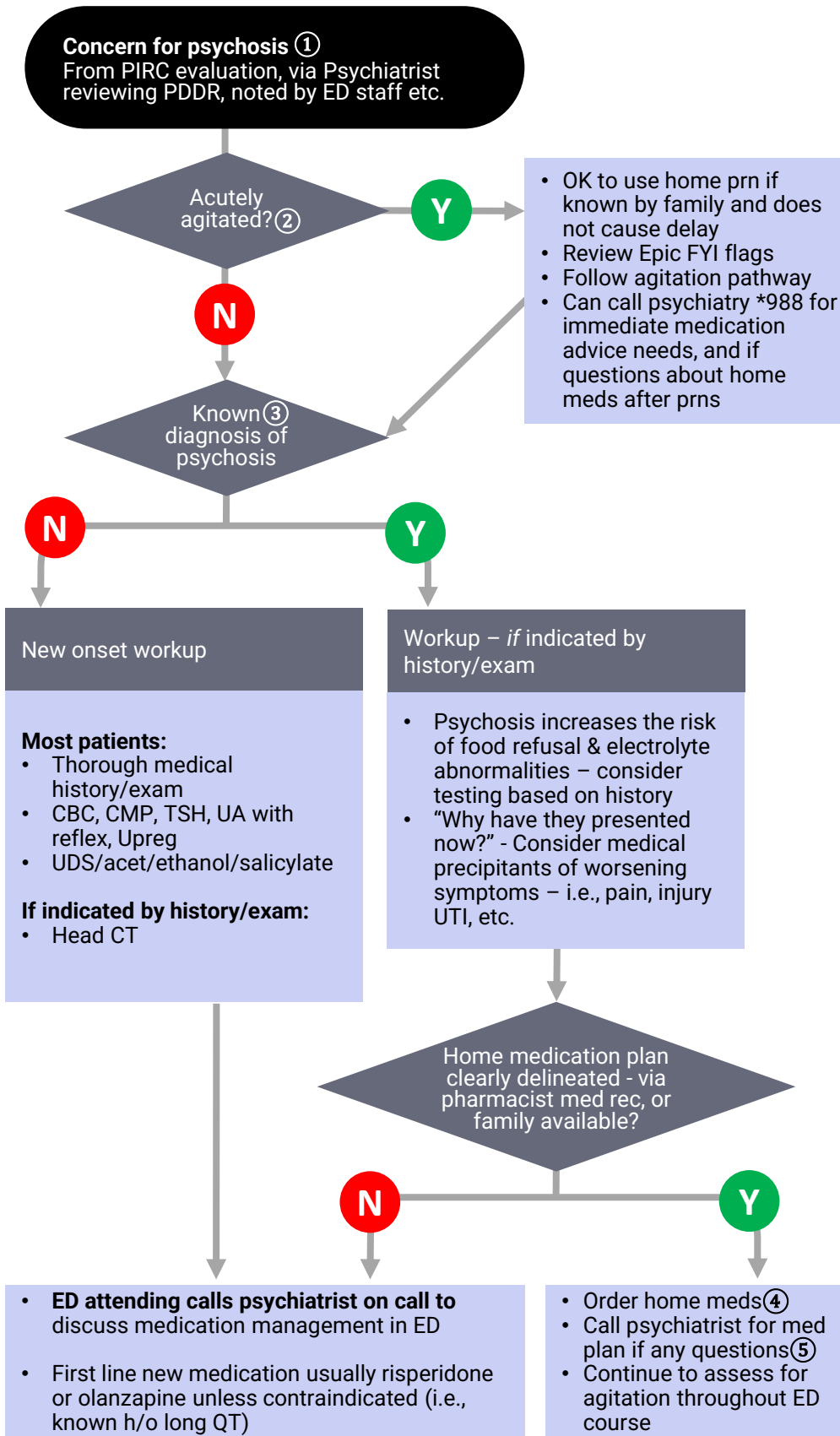


Psychosis

Goal: earlier recognition and medication initiation in high-risk patients with psychosis (including non-aggressive psychosis)



1 Psychosis as evidenced by

Disorganized thoughts, behaviors or speech

Hallucinations, paranoid or bizarre delusions, distorted perceptions

Unclear thought processes, bizarre behavior or language, responding to internal stimuli

Hostility, acute behavioral agitation (these may be signs of psychosis but can be present in other conditions)

Patients who are non-agitated but are withdrawn/disorganized/responding to internal stimuli are at high risk of delayed recognition

2 Agitation as evidenced by

Excessive psychomotor activity accompanied by:

- irritability, combativeness, screaming, physically lashing out at others, clenched fists, head banging

Hostile threats, anger not responsive to behavioral intervention

Destroying property

3 Known psychosis diagnoses

- Schizophrenia, schizoaffective disorder
- Severe mood disorder with psychotic features
- Other unspecified psychosis

4 Home antipsychotic medications

- Risperidone (Risperdal)
- Aripiprazole (Abilify)
- Olanzapine (Zyprexa)
- Paliperidone (Invega)
- Lurasidone (Latuda)
- Cariprazine (Vraylar)
- Haloperidol (Haldol)
- Chlorpromazine (Thorazine)
- Clozapine*

*Clozapine must be ordered by a psychiatrist so please call ASAP; only restart if last dose can be confirmed as being given in the past 48 hours (call psychiatry for advice)

5 What to include in discussion with Psychiatry

- Onset/new symptoms
- Other diagnosis
- Home medications (if known)
- Risk factors for aggression
- Appearance/behavior in the ED