

Management of Acutely Disturbed or Challenging Behaviour In Children Aged 5-12 years

Behavioural Interventions

- Ask parents/carers 'what works and does not work' for the child – esp important if LD, ASD etc.
- Ensure minimal numbers of staff in immediate area - staff should remain at safe distance and encourage engagement with distraction activity.
- Speak in a calm and non-threatening tone, offering guidance to positive activity.
- Avoid the use of authoritarian or challenging specific behaviour, instead adopt a non-confrontational stance and praise positive choices/actions.
- Adapt the environment to minimise overstimulation – include removal of “visual clutter” / furniture etc. Ensure that a single room is used, where the door can be closed and noise levels managed.
- Offer food / drink if appropriate – will avoid added stress due to hunger, over heating etc.
- Encourage the young person to engage with safe toys and activities, encourage the use of any sensory soothing strategies, such as play doh, theraputty, fidget toys etc.

If ineffective or inappropriate - offer oral medication

- (a) Promethazine 10 mg - 25 mg
(based upon past history, response, body weight)
OR
(b) Lorazepam 0.5 – 1 mg
If no effect seen AFTER 30 mins

maintain behavioural interventions

If no effect seen AFTER 30 mins
[or sooner if the patient is placing themselves or others at risk]
consider IM treatment

maintain behavioural interventions

Intramuscular (IM) Treatment

Lorazepam: 0.5 – 1 mg

If no effect seen AFTER 30 mins
REPEAT DOSE

If still acutely disturbed AFTER 30mins

Seek expert advice from the CAMHS Consultant or Registrar on Duty
regarding further administration of medication

May require Further intervention with PICU

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