



Examples of Escalating Behaviors

- Mild-moderate: pacing, cursing, yelling, indirect threats, mild self-harm, punching walls
- Severe: hitting, kicking, biting, chasing staff, severe head banging, severe self-harm attempts, direct threats to staff

Code Gray

- Code Gray team is activated by pressing button on panel located at the nursing station. This will activate an overhead page on the hospital PA system.
- Code Gray team will include all available security personnel, behavioral health clinician, charge nurse (or designee), and if possible another nurse. Medical provider will attend if able. Goal is a minimum of six team members at all Code Gray events.
- Charge nurse will determine when patient is calm enough for Code Gray staff to leave unit.
- BH clinician and bedside nurse will document incident in detail, including all interventions attempted, if meds were given, patient response and behaviors, actions if restraint and/or seclusion were applied, and timing of events.

Medications to Treat a Combative Patient
(Use "MED Behavioral Health IP Admission" Power Plan.)

- Olanzapine 5-10 mg IM/PO Q10-30 minutes *pm* up to max 24 hour dose 60 mg.
- Haloperidol 2.5-10 mg IM/PO Q10-30 minutes *pm* up to max 24 hour dose 100 mg.
- If multiple classes and/or high doses of medications are used, consider monitoring of vital signs and/or end tidal CO₂ per provider discretion.
- In 24 hours, if a patient receives >30 mg of haloperidol OR >30 mg of olanzapine OR if doses of both add up to >30 mg, notify hospitalist and perform EKG when patient is stable enough to tolerate it.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 7/14/23.
Click [here](#) to see the supplemental resources for this guideline.
If comments about this guideline, please contact Thomas_Peterson@ykhc.org.