Managing the Agitated Patient

At the July Medical Staff CME, Nathan Herman, MD, the Medical Director at Faith Regional’s Behavioral Health Unit presented on the topic of management of aggressive or agitated patients. Dr. Herman recommended the following steps:

- **Quiet, calm communication** can prevent escalation of the patient to agitation or aggressiveness.
- **Listen carefully to an upset patient.** Allow the patient to state their reasons for being upset.
- **Set boundaries** – patients are not to curse at, or threaten, staff.
- **Focus communication** on what specifically – and realistically – can be done to make things better for the patient. Patients hospitalized involuntarily are very likely to be upset/agitated.
- Don’t promise anything you cannot deliver.
- You may offer medication to help the patient feel more settled. Don’t be afraid to order sedatives.
- Though it’s an old drug, Dr. Herman has had good results using Haldol to treat acute agitation.
- Contact the Behavioral Health Unit for assistance with inpatients with behaviors that make it difficult to treat them.
- If the situation is escalating, keep calm, and be aware of the room exit – don’t let the patient get between you and the exit.

Lower Doses of Ketorolac (Toradol) as Effective as 30mg Dose

Several studies show that lower doses of ketorolac intravenous injections are as effective as the standard dose of 30 mg. In a 1990 study, 122 patients were randomly assigned a single injection of ketorolac 10 mg, ketorolac 30 mg, morphine 2 mg, or morphine 4 mg for post-operative pain. There were no statistically significant differences in efficacy between ketorolac 10 mg vs 30 mg, and both doses were more effective than morphine 2 mg. Another study found that a single-dose injection of ketorolac 10 mg is equivalent to single-dose ketorolac 30 mg for the relief of acute cancer pain. To test the dose-response of ketorolac, one study administered normal saline (control) or ketorolac (5, 7.5, 10, 15, or 30 mg) q 6 hours adjunct to morphine PCA for pain control after spinal fusion therapy. The study found that ketorolac 7.5 mg IV q 6 hr had a morphine-sparing effect equivalent to that of higher doses. Larger doses did not result in lower morphine use or less pain. In a 2017 study, single-dose regimens of ketorolac 10, 15, or 30 mg were randomly administered to 240 subjects in the Emergency Dept. with acute pain. There were no statistical differences between the three groups for analgesic efficacy and safety outcomes.

Welcome Rachel Weber, MD

Rachel Weber, MD, has joined Faith Regional Physician Services. As a plastic and reconstructive surgeon, Dr. Weber specializes in microsurgery, cosmetic surgery and breast reconstruction. She offers patients a range of options in body contouring and facial cosmetics as well as in breast surgery and reconstruction, including breast reshaping and reduction techniques, volume replacement techniques (including TRAM flap and DIEP flap), skin and nipple sparing surgery, and hidden scar surgery.

Dr. Weber received her medical degree from Eastern Virginia Medical School in Norfolk, VA and completed an integrated plastic surgery residency at the University of Nevada School of Medicine in Las Vegas, NV.

Please welcome Dr. Rachel Weber both to Norfolk and the Faith Regional Medical Staff.

Coffee Consumption and Mortality

A prospective cohort study of 521,330 people from 10 European countries evaluated the association between coffee consumption and mortality risk over a mean follow-up of 16.4 years. People with the highest coffee consumption had a significantly lower rate of all-cause mortality than those who did not drink coffee. In addition, women with high levels of coffee consumption had a lower rate of circulatory disease mortality and cerebrovascular disease mortality and a higher rate of ovarian cancer mortality than women who did not drink coffee.

In the United States, researchers found the same death reduction with coffee consumption. Their database was over 185,000 people from different ethnic backgrounds who were followed for over 16 years. They found that one cup of coffee per day reduced death by 12% and two to three cups per day reduced death by 18%. No benefit was gained with more than four cups per day versus two to three cups.

For now, we can tell our patients that coffee consumption is not harmful (except for the small increase in ovarian cancer death). People need not feel guilty for having a coffee or two—they may live longer. But it seems prudent to limit the double-doubles and sit back, relax, and enjoy the coffee. Maybe the important part in the “coffee break” is the “break” part.

Taken from Annals of Internal Medicine. 11 July 2017.

New Central Line protocol:

If a patient requires a jugular or subclavian vein central line, the attending should either place this personally or call anesthesia to discuss this. The order ‘Jugular/Subclavian Access: Contact Anesthesia/Provider’ will be removed from the order set called Jugular/Subclavian Access. If Anesthesia is needed for placing the line, the provider is expected to make provider to provider contact with anesthesia staff to provide patient history and request the placement of the line.

Mark Your Calendar

Nebraska STEMI & Stroke Symposium

September 28, 2017 | 7:55 a.m. - 4:30 p.m.
Divot’s Conference Center
4200 W. Norfolk Ave. | Norfolk

We’re excited to announce that this year’s conference will be held right here in Norfolk! Physicians, advanced care practitioners, nurses, emergency personnel, and pharmacists are invited to attend. A half a day will be spent on STEMI and the other half on stroke. CEUs will be available.

No cost to attend but pre-registration required at:

https://www.surveymonkey.com/r/Sept28NESTEMIStroke
CPOE Pain Management Order Set

The CPOE Pain PRN Order Set has been replaced with the CPOE Pain Management Order Set. The new order set will allow the provider to order scheduled medications for mild, moderate and severe pain. The new set provides clear guidance and orders for the nursing staff to follow concerning pain management.

Welcome Vijaya Subramanian, MD

Vijaya Subramanian, MD, a family medicine physician, joined Faith Regional Physician Services Norfolk Family Medicine on August 1, 2017. Dr. Subramanian specializes in providing complete family healthcare for newborn through adult, including pediatric and adolescent, geriatrics, women’s health and occupational medicine.

Dr. Subramanian earned her medical degree from Madras Medical College in Chennai, India. She completed her family medicine residency at the University of Nebraska Medical Center and Faith Regional Health Services.

Please welcome Dr. Vijaya Subramanian both to Norfolk and the Faith Regional Medical Staff.

New Family Medicine Resident

Please welcome our new family medicine resident, Elena Canfield, MD, to Faith Regional Health Services. Dr. Canfield, who is from Chisinau, Moldova, began her residency at Faith Regional Health Services this week through the University of Nebraska Medicine’s Rural Track Training Program. She has spent the week working in Faith Regional’s Emergency Department. Over the next two years, Dr. Canfield will rotate among several departments throughout the hospital and provide family medicine care at Faith Regional Physician Services Family Medicine.
Recent Medical Literature - Opioid Use

Evaluation of 6 studies showed that unused opioids were reported by 67% to 92% of patients and 42% to 71% of all opioids prescribed to surgical patients were not used. Most opioids were unused as patients reported adequate pain control while 16% to 29% described opioid-induced adverse effects. Many opioids prescribed after surgery are not used, not stored safely, and not safely disposed of. This may result in the nonmedical use of opioids, which could cause harm or even death.


It has been suggested that a maximum of 7 days, or 200 mg oral morphine equivalents (OME), should be prescribed at discharge in opioid-naïve patients. This study examined opioid prescribing practices for adults undergoing 25 common elective procedures across surgical specialties from 2013 - 2015 at 3 academic centers. 93.9% of the 7,651 patients received opioid prescriptions at discharge with a median of 375 OMEs per prescription. Median OME was 375 for men vs 390 for women and an increase in OME with age from 375 for age 18 - 39 years to 425 for age 80 years and older. Overall, 80.9 percent of the 5,756 opioid-naïve patients received more than 200 OMEs.


In 2015, 91.8 million (37.8%) U.S. civilian, noninstitutionalized adults used prescription opioids; The survey found that 11.5 million people, or 4.7 % of the population, misused prescription opioids they’d obtained through illicit means. Of those, 40.8 % got the medications from family or friends. Overall, 59.9% of misuse involved taking opioids without a prescription. Two-thirds (63.4 %) of those who misused opioids said they were motivated by relief from physical pain, while only 10.8% said they misused opioids to relax or get high. Misuse and use disorders were most commonly reported in adults who were uninsured, were unemployed, had low income, or had behavioral health problems. About 1.9 million Americans (0.8%) reported full-fledged opioid addiction.

Beth Han, MD, PhD; Wilson M. Compton, MD, MPE; Carlos Blanco, MD, PhD; Elizabeth Crane, PhD, MPH; Jinhee Lee, PharmD; Christopher M. Jones, PharmD, MPH (2017, August) Prescription Opioid Use, Misuse, and Use Disorders in U.S. Adults: 2015 National Survey on Drug Use and Health. Annals of Internal Medicine Original Research

The researchers found that the prevalence of prescription opioids detected in fatally injured drivers increased from 1.0 percent in 1995 to 7.2 percent in 2015. Of the 36,729 drivers in the analysis, 23.9 percent had drugs in their system, of which 3.3 percent were prescription opioids, the researchers found. Among the drivers who tested positive for opioids, 30.0 percent also had high levels of alcohol and 66.9 percent had traces of other drugs. More women than men tested positive for opioids -- 4.4 versus 2.9 percent.


Nominations for the 2017 Physician of the Year are being accepted now through November 1, 2017. All nominations must be submitted online at frhs.org.