

BROOKSSM

Rehabilitation Hospital

Suggestions on Treating the Agitated Brain Injury Patient

Medication	Dosage	Precautions/additional information
1. Propranolol	10mg TID Max 240mg q day or 80mg TID	Hold if < 110/60
2. Trazadone	25mg QHS may ↑ to 100mg QHS	Helps more normalizing sleep wake cycles
3. Amantadine	100mg 7am & 12 noon	Discontinue if ↑s agitation
4. SSRI (treatment for depression) Lexapro Celexa Zoloft	10mg QD may ↑ to 20mg QD 20mg QD ↑ to 40 mg QD 25mg QD may ↑ after 3-4 days to 50mg	Lexapro and Celexa may have less drug interaction and anticholinergic side effects.
5. Tegretal (mood stabilizer - used for bipolar DS)	100mg BID	Need to check LFTs and CBC before starting 2° to aplasitic anemia and ↑ LFTs possible SE.
6. Buspar	7.5mg BID up to 60 mg QD	
7. Seroquel	25mg BID up to 300mg QD	<ul style="list-style-type: none"> ▪ Check for hypotension ▪ ↑ blood sugars Q-T prolongation tachycardias
8. Ativan (use only for severe agitation)	1mg TID prn	* May slow neuro recovery 2° to antidopmineric effects
<p>* Stop meds that are not helpful before starting new meds.</p> <p>** No Haldol - slows neuro-recovery for months to come</p> <p>*** This is a list of medications often used by a brain injury specialist, but not a guide for treating any particular patient. Need to review medication insert and consider: other medications the patient is taking, allergies, cardiac problems, respiratory problems and respiratory drive, any other medical issues before starting a medication for any particular patient. Medications on list not intended for use of pregnant women.</p>		

For questions or patient referrals, contact Brooks Admissions Office
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