Protocol 700-M5: Excited Delirium

Revision 5/22/18
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BLS Treatment

- Scene Survey – Responder safety is the top priority.
  - If Law Enforcement not on-scene, call for assistance.
  - Closely monitor risk level to patient and personnel.
- Coordinate patient restraint management with Law Enforcement (see Policy 622*, Patient Restraint*).
- Treat life threats. (See Procedure 701 *Life Threats*)

ALS Treatment

- Treat life threats. (See Procedure 701 *Life Threats*)
- If the patient remains combative, contact Base Station.
  - **Midazolam** 5-10 mg IM may be used as a standing order if Base contact not practical (see Policy 622*, Patient Restraint*).
  - Larger doses may be required by Base Station order only.
  - Transport.
    - Request Law Enforcement to accompany to hospital.
    - Warning: All patients should be transported on a cardiac monitor and pulse oximeter, at a minimum, and capnography if possible.
    - Warning: All patients should be transported in a supine position whenever possible to avoid asphyxia
    - Treat other medical problems (hypoglycemia, vomiting, etc.) as indicated. If the patient appears hyperthermic, initiate cooling measures

Special Considerations

- Excited delirium is characterized by extreme agitation, confusion and hallucinations, erratic behavior, profuse diaphoresis, elevated VS, hyperthermia, unexplained strength and endurance, and behaviors that include clothing shedding, shouting out, and extreme thrashing when restrained. It is often found in correlation with alcohol and illicit drug use, and in those patients with preexisting mental illness.
- The most immediate threat to patients experiencing this syndrome is sudden apnea and cardiac arrest, usually after thrashing against physical restraint. This is thought to commonly be the cause of “in-custody” sudden death.
- It is paramount that patient exhibiting symptoms of this syndrome be effectively and quickly physically restrained, and then calmed using **Midazolam** and verbal coaching. *The likelihood of sudden apnea and death increases the longer these patients struggle against restraint*. Managing these patients therefore requires a coordinated effort among all responders and Law Enforcement personnel.
- Because excited delirium patients can quickly progress to apnea and death, responders must monitor their VS closely. When possible, this must include use of pulse oximetry, ECG monitoring, and if possible,

capnography. This latter monitoring tool provides the best, and most immediate, measure of respiratory rate and depth, and ventilatory sufficiency.

- ❖ EMS personnel should be especially vigilant if a combative patient suddenly becomes quiet. This will often be the first sign that apnea has occurred. Patients who experience apnea and cardiac arrest may first complain of an inability to breathe.
- ❖ Restraint techniques should be utilized which allow patient monitoring, and which can be removed rapidly should apnea and cardiac arrest ensue. Supine positioning is safest.
- ❖ Excited delirium can mimic several medical conditions, including hypoxia, hypoglycemia, stroke, or intracranial bleeding. Blood glucose should be measured when possible. A thorough exam to rule out other causes should be completed when possible.