A. Introduction

Excited Delirium is a condition in which a person is in a psychotic state, possibly self-destructive, and unable to process rational thought. Physically the organs within the patient are functioning at such an excited rate that they begin to shut down. The patient will likely resist normal efforts of physical control and possibly even Conducted Electrical Weapon (CEW) deployment. Possible causes of excited delirium may include, but are not limited to overdose or withdrawal from stimulant or hallucinogenic drugs, psychiatric patient on or off medication, illness, low blood sugar, psychosis and head trauma.

B. Assessment:

1. Scene safety. Request law enforcement to assist with physical restraint.
2. Initial Assessment Protocol 1

C. Patient Care

**EMR/BLS**

1. Position patient supine or on side to limit the chance of positional asphyxia.
2. Manual or Soft Restraints Procedure 27
3. Administer oxygen as needed (Procedure 1)
4. Check blood glucose level (once restrained).
5. Assess oral/axillary temperature to assess for hyperthermia (> 102 degrees F)
6. If the patient is hyperthermic, use external cooling measures Protocol 26
7. If the patient was restrained by CEW, refer to Protocol 33

**ALS**

8. Administer Ketamine, 2 mg/kg (max 200 mg) SLOW IV or IM. For IM administration, a second dose can be administered in a different IM injection site.
9. Follow with administration of Versed 2.5 mg SLOW IV or 2.5 mg IM/MAD
10. Attempt to infuse up to 1L of Normal Saline.
11. Perform a 12-lead ECG and continuous ECG monitoring (once restrained)
12. Administer Atropine 0.5 mg IV/IO/IM if hyper-salivation compromises respiratory efforts and is not controlled with suctioning.
13. Call Poison Control 1-800-222-1222 in the event of drug or chemical intoxications Protocol 15