



Excited Delirium (ED) is a medical emergency characterized by the sudden onset of agitation, shouting, paranoia, panic, violence, unexpected strength, and hyperthermia. ED can have numerous causes and may or may not involve the use of drugs. These patients pose a threat not only to their own lives, but, also the lives of first responders and the community at large. Managing an ED patient requires MDFR and law enforcement personnel to work together in a coordinated fashion; briefing all participants prior to taking action provides the greatest level of safety to all involved.

Law enforcement officers and firefighters will typically find these patients severely agitated while harming themselves or others. While in this state the patient will likely resist normal police efforts of physical control (pepper spray, pain compliance, and possibly even Taser deployment). Efforts on scene should focus on rapidly getting the patient physically restrained to allow the administration of chemical restraint which is the first step in stopping this often fatal chain of events.

*General*

**A. Assessment**

1. Assess the scene
  - a) Does the patient have access to anything that could be used as a weapon?
  - b) Does the patient pose a biological exposure risk to responders (bleeding, spitting etc.)?
  - c) Are there any environmental hazards (heights to fall from, traffic, bodies of water etc)?
  - d) What occurred prior to first responders arriving?
2. Evaluate the patient for:
  - a) Altered level of consciousness.
  - b) Blood glucose level (once restrained).
  - c) Evidence of hyperthermia by either touch (hot to touch away from direct sunlight) or oral/axillary temperature  $> 102^{\circ}$  F
  - d) Medical complaints.
  - e) Diaphoresis unexplained by the environment.
  - f) Significant injuries, (complete a thorough search for hidden injuries once restrained) .



## B. Patient Care

### BLS

1. Scene management.
  - a) Request appropriate resources:
    - Minimum of (1) Rescue (All ED patients must be transported ALS).
    - Sufficient numbers of law enforcement officers to physically restrain the patient until the chemical restraint takes effect.
  - Note: If requested, MDFR can assist law enforcement with the physical restraint of the patient. However, MDFR personnel must be prepared to immediately withdraw to safety if the patient produces a weapon or obtains one during this process.
  - b) Attempt to isolate the patient away from environmental hazards. (i.e. Stop traffic, close doors to keep patient away from dangers, secure electrical hazards)
  - c) Brief with law enforcement that once fire personnel are ready to administer medication, the patient will need to be physically restrained securely enough to allow an IM injection to be safely administered. Have all responders don appropriate infection control PPE.
  - d) Prepare all equipment to begin a full cardiac arrest resuscitation. ED patients frequently experience sudden cardiac death. Additionally, the patient's response to the chemical restraint may require airway management.
  - e) Once all of the responders are ready, tell law enforcement to proceed with the physical restraint if they have not already done so.
  - f) The patient should be positioned supine (face up) or on their side (lateral recumbent) to ensure a patent airway and limit the chance of positional asphyxia.
  - Note: Placing a patient prone (face down) or having pressure applied to the neck or torso is associated with an increased risk of death due to positional asphyxia. The use of these techniques may be unavoidable depending on the situation. Attempt to minimize the patient's time in this position whenever possible.
2. Administer oxygen as needed (**Procedure 1**).
3. If the patient was Tased refer to (**Protocol 33**)
4. If the patient is hyperthermic, use external cooling measures.

### ALS

5. Once physically restrained:



- a) Provide chemical restraint:
  1. Administer **Versed (midazolam)**, 20 mg IM.
  2. May be repeated every 20 min. as needed (Maximum total dose 0.6 mg/Kg)
6. Once sufficiently sedated:
  - a) Package the patient for transport. A law enforcement officer should handcuff each of the patient's hands to the stretcher and utilize a hobble restraint to secure the patient's legs to the stretcher. That law enforcement officer must accompany the rescue to the hospital and stay until the patient is placed in the hospital restraints. MDFR's soft restraints are not appropriate for these patients.
  - b) Begin cardiac monitoring, perform a 12-lead ECG if possible.
  - c) Establish IV access.
    1. Mix 50mEq (1 amp) of **Sodium Bicarbonate** with 1L Normal Saline and infuse "wide open".

## C. Conclusion

These patient encounters frequently draw a large crowd who will likely film everything that is said and done on the scene. ED patients have very high mortality rates regardless of how well they are managed. These two factors combine to create one of the most high liability situations that first responders encounter. Clear documentation of all MDFR assessments and actions is critical. Special attention should be paid to describing any care that is unable to be rendered due to the situation (i.e. unable to obtain vital signs because of patient movement). As sudden death is frequently seen with ED, all personnel should be vigilant in looking for it and changing treatment priorities to manage it should it arise.

## Footnote

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. Possible causes of excited delirium may include, but are not limited to:

1. Overdose or withdrawal from stimulant or hallucinogenic drugs.
2. Psychiatric patient on or off medication.
3. Illness
4. Low blood sugar
5. Psychosis
6. Head trauma