Excited Delirium

Indications: Patient who is an imminent physical threat to personnel and/or themselves.

Treatment

1. Ensure ALS response
2. Follow General Pre-hospital Care Protocol
3. Coordinate with on scene law enforcement before any physical patient contact. Refer to Patient Restraint Procedure.
4. Obtain history when possible and perform a visual patient assessment looking for symptoms of ExDS. If an alternate cause of the behavior is likely, transition to the Altered Mental Status Protocol.

5. If the patient remains combative, following restraint by law enforcement:
   a. Administer Midazolam 10 mg IM or 5 mg IN

6. Obtain temperature
   b. If hyperthermic, provide cooling – ice packs to neck, axilla and groin; fluids to skin

7. Provide fluid bolus of up to 2 L of NS
8. Restrain patient per the Patient Restraint Procedure in anticipation of the sedation wearing off.
9. After 5 minutes, if the patient remains combative administer Ketamine 4mg/kg IM.
10. Evaluate for other causes of Altered Mental Status including: Alcohol, Epilepsy/Seizure, Insulin, Overdose, Uremia/Under dose, Cardiac, Hypoxia, Environment, Stroke, Sepsis, Trauma, Ingestion, Psych, Phenothiazines, Salicylates
11. Monitor EKG, consider 12-lead if any evidence of hyperkalemia (peaked T waves, prolonged PR, widened QRS)
12. Monitor capnography, if possible
13. Additional sedation as needed, per Patient Sedation Procedure.