**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 Ketamine 4mg/kg IM (500 mg maximum dose). If unavailable, administer Midazolam 10 mg IM.
   b. If cocaine or other stimulant is suspected (methamphetamine), consider Midazolam 10 mg IM as an alternative to Ketamine.

6. Obtain temperature
   a. 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. If after 10 minutes additional medication is desired, contact medical control for guidance.

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


12. If suspected hyperkalemia, administer Calcium Cl 1 g (1 g/10 mL) and Sodium Bicarbonate 50 mEq (50 mEq/50 mL) IV/IO.

13. Monitor capnography, if possible

14. Additional sedation as needed, per Patient Sedation Procedure.