

**Excited Delirium (Adult and Pediatric)**

**CFR AND ALL PROVIDER LEVELS**

1. Assess the scene for potential or actual danger and establish a safe zone, if necessary.
2. If the patient is agitated and presents a risk of physical harm to providers, public or self:
  - a. Request law enforcement assistance.
  - b. Attempt to verbally de-escalate the patient’s condition.
3. If the patient continues to struggle while being physically restrained, request ALS assistance.
  - a. Providers may participate in restraining a patient if a police officer requests assistance or when it becomes necessary for self-protection.
    - i. Only the amount of force required to effectively restrain the patient may be used.
    - ii. Only soft restraints, such as towels, triangular bandages, or commercially available soft medical restraints may be used by providers to restrain the patient to the stretcher, and only if necessary to protect the patient and others from harm.
4. ABCs and vital signs.
5. Airway management, and appropriate oxygen therapy.

**● CFR STOP**

**EMT**

6. Determine Blood Glucose Level. If reading is below 60 mg/dL, refer to the Altered Mental Status (Adult and Pediatric) protocol.
7. Transport.

**● EMT STOP**

**Paramedic**

8. Prehospital Chemical Restraint Procedure (For Adult Patients Only):
  - a. If patient continues to struggle while being physically restrained:
    - i. Administer Midazolam 10 mg IM/IN (IM is the preferred route).
  - b. If the patient is not adequately sedated, contact Online Medical Control.
9. After adequate sedation:
  - a. Intravascular access.
  - b. Crystalloid fluid, up to 1 liter via macro-drip.
  - c. Begin cardiac monitoring.
  - d. Begin Pulse Oximetry monitoring.
  - e. Obtain a blood glucose level. If the glucometer reading is below 60 mg/dL:
    - i. Administer up to 25 gm of Dextrose, IV bolus.
    - ii. If intravascular access is unavailable, administer Glucagon, 1 mg, IM/IN.

**● Paramedic STOP**

**Medical Control Options**

*If the patient continues to struggle while being physically restrained:*

Option	Class	Medication	Route	Dose
1.	Dissociative Agents	Ketamine	IntraMuscular	2-4 mg/kg
			IntraNasal	1-2 mg/kg
2.	IM Benzodiazepines	Midazolam	IntraMuscular	Up to 10 mg
		Lorazepam	IntraMuscular	4 mg
3.	IV or IN Benzodiazepines	Diazepam	IV bolus	5-10 mg
		Midazolam	IV Bolus IntraNasal	Up to 5 mg
		Lorazepam	IV bolus IntraNasal	2 mg

**Key Points / Considerations**

1. Agitated patients must be presumed to have an underlying medical or traumatic condition.
2. All suicidal or violent threats or gestures must be taken seriously. Utilize law enforcement personnel if the patient poses a danger to themselves, emergency personnel, and/or others.
3. Diabetic patients with a blood glucose level reading between 60 – 80 mg/dL may still be experiencing hypoglycemia.
  - a. In the presence of such signs and symptoms, treat accordingly.
4. If the patient is agitated, the preferred route of choice is IM.
  - a. Once the patient is adequately sedated, IV access should be established in the event additional sedation is necessary.
5. Patient must NOT be transported in a face-down position.
6. If the patient is in police custody and/or has handcuffs on, a police officer should accompany the patient in the ambulance to the hospital. The provider must have the ability to immediately remove any mechanical restraints that hinder patient care at all times.