Excited Delirium (Adult and Pediatric)

CFR and All Provider Levels

1. Treat as needed for a patient with suspected excited delirium ONLY IF an underlying medical or traumatic condition causing an altered mental status is not apparent
2. Assess the scene for potential or actual danger and establish a safe zone, if needed
3. If the patient is agitated and presents a risk of physical harm to providers, public or self, request for law enforcement assistance. If safe to do so, attempt to verbally de-escalate the patient's condition
4. Providers may participate in physically restraining a patient when it becomes necessary for self-protection or if a police officer requests assistance. Providers shall only use:
    - Amount of force required to effectively restrain the patient may be used
    - Soft restraints, such as towels, triangular bandages, or commercially available soft medical restraints to restrain the patient to the stretcher, and only if necessary, to protect the patient and others from harm
5. If the patient continues to struggle while being physically restrained, request ALS assistance for sedation
6. ABCs and vital signs, if able to do so safely
7. Airway management and appropriate oxygen therapy

CFR STOP

EMT

8. Obtain blood glucose level and treat as needed, if able to do so safely
9. Transport

EMT STOP

Paramedic

10. For **ADULT** patients who are persistently agitated and who present a risk of physical harm to providers, public, or self, administer Midazolam as follows (IM is the preferred route of administration if intravascular access has not been established):
    - OPTION A: Midazolam 0.2 mg/kg IM/IN (maximum 10 mg)
    - OPTION B: Midazolam 0.2 mg/kg IV (maximum 5 mg)
11. After adequate sedation:
    - 11.1 Obtain intravascular access
    - 11.2 Begin cardiac monitoring

Paramedic STOP

Medical Control Options

12. For **ADULT** patients who are persistently agitated and who present a risk of physical harm to providers, public, or self, administer one of the following:
    - OPTION A: Ketamine 2-4 mg/kg IM (maximum 400 mg) OR Ketamine 1-2 mg/kg IN (maximum 200 mg)
    - OPTION B: Midazolam 0.2 mg/kg IM/IN (maximum 10 mg) OR Midazolam 0.2 mg/kg IV (maximum 5 mg)
    - OPTION C: Lorazepam 0.1 mg/kg IM (maximum 4 mg) OR Lorazepam 0.1 mg/kg IV/IN (maximum 2 mg)
    - OPTION D: Diazepam 0.2 mg/kg IV/IN/IM (maximum 5 mg)
13. For **PEDIATRIC** patients who are persistently agitated and who present a risk of physical harm to providers, public, or self, administer one of the following medications:
    - OPTION A: Ketamine 2-4 mg/kg IM (maximum 400 mg) OR Ketamine 1-2 mg/kg IN (maximum 200 mg)
    - OPTION B: Midazolam 0.1 mg/kg IM/IN (maximum 5 mg) OR Midazolam 0.1 mg/kg IV (maximum 2 mg)
    - OPTION C: Lorazepam 0.1 mg/kg IM (maximum 4 mg) OR Lorazepam 0.1 mg/kg IV/IN (maximum 2 mg)

Key Points / Considerations

- Agitated patients should be presumed to have an underlying medical or traumatic condition
- Consider monitoring the patient using non-invasive capnography, if available when using any of the above medications
- Consider the patient's ideal body weight when dosing any of the above medications
- 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
- Diabetic patients with a blood glucose level reading between 60-80 mg/dl may still be symptomatic secondary to hypoglycemia. In the presence of such signs and symptoms, treat accordingly
- Patient must NOT be transported in a prone (face-down) position
- If the patient is in police custody and/or has handcuffs on, a police officer must accompany the patient in the patient compartment of the ambulance to the hospital. The provider must have the ability to immediately remove any mechanical restraints that may hinder patient care at all times