

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**.

