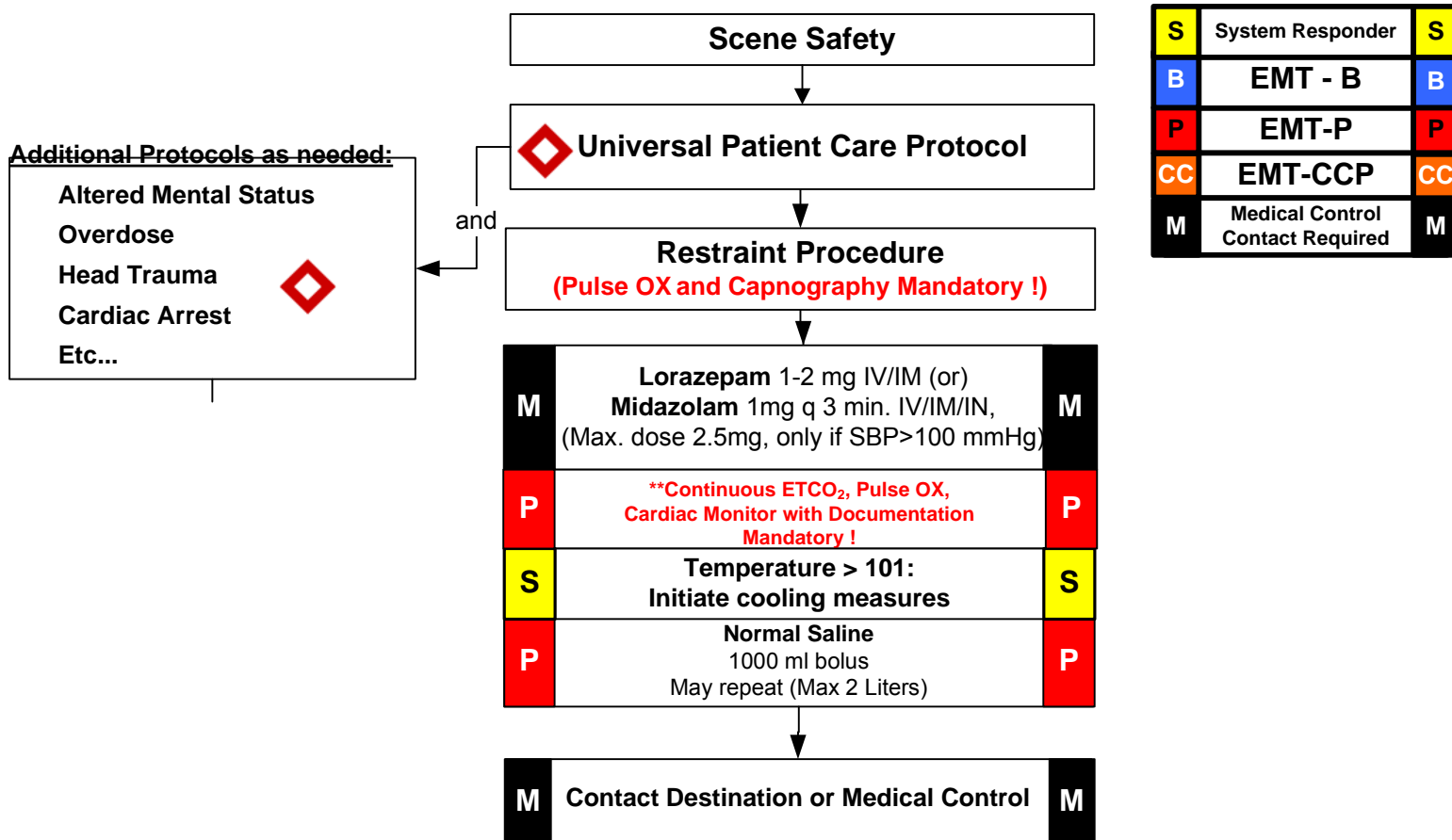




# Excited Delirium

COG  
A-14

<b>History</b> <ul style="list-style-type: none"><li>Situational crisis</li><li>Psychiatric illness/medications</li><li>Injury to self or threats to others</li><li>Medic alert tag</li><li>Substance abuse / overdose</li><li>Diabetes</li></ul>	<b>Signs &amp; Symptoms</b> <ul style="list-style-type: none"><li>Anxiety, agitation, confusion</li><li>Affect change, hallucinations</li><li>Delusional thoughts, bizarre behavior</li><li>Combative violent</li><li>Expression of suicidal/homicidal thoughts</li><li>Very "hot" to touch</li></ul>	<b>Differential:</b> <ul style="list-style-type: none"><li>See Altered Mental Status differential</li><li>Hypoxia</li><li>Alcohol Intoxication</li><li>Toxin / Substance abuse</li><li>Medication effect / overdose</li><li>Withdrawal syndromes</li><li>Bipolar (manic-depressive)</li><li>Schizophrenia, anxiety disorders, etc</li></ul>
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## Pearls:

- Consider your safety first. Physical Restraint should be performed/assisted by Law Enforcement when available.
- All patients who receive either physical or chemical restraint must be continuously observed by ALS personnel on scene or immediately upon their arrival.
- Monitor for respiratory depression and hypotension associated with **Midazolam & Lorazepam**. **\*\*Pulse OX and Capnography with Documentation is Mandatory!** Be prepared to assist ventilations especially if **Midazolam** is used.
- Any transported patient who is handcuffed or restrained by Law Enforcement should be accompanied by an officer whenever possible. If not possible law enforcement must be immediately available, to remove handcuffs.
- Be sure to consider all possible medical/trauma causes for behavior (hypoglycemia, overdose, substance abuse, hypoxia, head injury, etc.)
- If patient is suspected of agitated delirium suffers cardiac arrest, consider a fluid bolus and sodium bicarbonate early.
- Restrained patients should never be maintained or transported in a prone position.
- Lorazepam & Midazolam Doses** should be titrated to effect, maintaining a SBP  $\geq 100$  mmHg and/or peripheral pulses present. Always use **smallest dose** possible to achieve desired effect.