




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 or 5 mg IN.
 - b. If cocaine or other stimulant is suspected (methamphetamine), administer Midazolam 10 mg IM or 5 mg IN 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**
11. Monitor patient. Consider 12-lead ECG for evidence of hyperkalemia (peaked T waves, prolonged PR, widened QRS).
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**.