**History**
- Situational crisis
- Psychiatric illness/medications
- Injury to self or threats to others
- Medical alert tag
- Substance abuse/overdose
- Diabetes

**Signs and Symptoms**
- Anxiety, agitation or confusion
- Affect change or hallucinations
- Delusional thoughts or bizarre behavior
- Combative or violent
- Expression of suicidal/homicidal thoughts

**Differential**
- Altered mental status
- Alcohol intoxication
- Toxin / substance abuse
- Medication effect/overdose
- Withdrawal symptoms
- Depression
- Bipolar (manic-depressive)
- Schizophrenia
- Anxiety disorders
- Hypoglycemia

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**Excited Delirium Syndrome**
- Paranoia, disorientation, extremely aggressive or violent, hallucinations, tachycardia, increased strength, hyperthermia, and clearly a danger to self or others

**Exit to appropriate TG, if indicated**
- Altered Mental Status TG
- Overdose/Toxic Ingestion TG
- Head Trauma TG
- Assume patient has medical cause of behavioral change

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**Notif**y receiving facility. Contact Base Hospital for medical direction

**Midazolam**
- 5mg IM/IN
- 1-3mg IV in 1mg increments
- Age ≥ 65 years of age 1mg IV/IM
- May repeat every 5 minutes to effect.
- Maximum 10mg

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**Diabetic TG**
- Monitor and reassess

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**Cardiac monitor**
- Consider external cooling measures
- Monitor restraints and PMS if indicated
- Blood glucose analysis

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**Midazolam 5mg IM/IN**
- May repeat 2.5mg every 5 minutes to effect.
- Maximum 5mg

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**Midazolam 5mg IM/IN or Midazolam 1-3mg IV**
- in 1mg increments
- May repeat every 5 minutes to effect.
- Maximum 5mg

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**Midazolam**
- 5mg IM/IN

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**Notify receiving facility. Contact Base Hospital for medical direction**
- Midazolam
- Contact Base Hospital Physician for additional order
Excited Delirium Syndrome:

This is a medical emergency. The condition is a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent/bizarre behavior, insensitivity to pain, hyperthermia and increased strength. The condition is life-threatening and is often associated with use of physical control measures, including physical restraints, and tasers. Most commonly seen in male patients with a history of serious mental illness or drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines, bath salts, or similar agents. Alcohol withdrawal or head injury may also contribute to the condition.

Pearls

- Crew/responder safety is the main priority. See Policy 1008 – Managing Assaultive Behavior/Patient Restraint.
- Any patient who is handcuffed or restrained by Law Enforcement and transported by EMS must be accompanied by Law Enforcement in the ambulance.
- Avoid using benzodiazepines for patients with alcohol intoxication.
- Limit IN administrations to ½ dose in each nare.
- All patients who receive either physical restraint or chemical sedation must be continuously observed by EMS personnel. This includes direct visualization of the patient as well as cardiac and pulse oximetry monitoring.
- Consider all possible medical/trauma causes for behavior (e.g. hypoglycemia, overdose, substance abuse, hypoxia, seizure, head injury, etc.).
- Use caution when considering the use of Midazolam with postictal patients.
- Do not irritate the patient with a prolonged exam. Be thorough but quick.
- Do not overlook the possibility of associated domestic violence or child abuse.
- If patient suspected of excited delirium and suffers cardiac arrest, consider fluid bolus and sodium bicarbonate early.
- Do not position or transport any restrained patient in a way that negatively affects the patient’s respiratory or circulatory status (e.g. hog-tied or prone positions). Do not place backboards, splints or other devices on top of the patient.
- If restrained, the extremities that are restrained will have a circulation check at least every 15 minutes. The first of these checks should occur as soon after placement of the restraints as possible. This shall be documented in the PCR.