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

Aggressive or agitated, possible psychosis, possible danger to self, or others

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

Consider restraints
- Monitor restraints and PMS if indicated
- Consider external cooling measures
- Monitor and reassess

Establish IV
Blood glucose analysis
Cardiac monitor

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

Notify receiving facility.
Contact Base Hospital for medical direction

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

Midazolam 5mg IM/IN
May repeat 2.5mg every 5 minutes to effect. Maximum 10mg

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

Diabetic TG if indicated

Cardiac monitor
Consider external cooling measures

Notify receiving facility.
Contact Base Hospital for medical direction

Midazolam 5mg IM/IN
May repeat 2.5mg every 5 minutes to effect. Maximum 10mg

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.
- 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 EHR.