**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. Per MCA selection, administer Midazolam 10 mg IM or 5 mg IN OR Ketamine 4 mg/kg IM.

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. 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
10. Monitor EKG, consider 12-lead if any evidence of hyperkalemia (peaked T waves, prolonged PR, widened QRS)
11. Monitor capnography, if possible
12. Additional sedation as needed, per Patient Sedation Procedure.
Assure the Scene is SECURE

Follow General Pre-hospital Care Protocol

- Coordinate with Law Enforcement on scene before any physical patient contact
- Obtain history when possible
- Perform visual patient assessment looking for symptoms of Excited Delirium

MCA Selection (Choose One)

☒ Midazolam 10 mg IM or 5 mg IN
☐ Ketamine 4 mg/kg IM

Refer to Patient Restraint Procedure

If Alternate cause is likely, refer to Altered Mental Status Protocol

Have Law Enforcement restrain patient

Per MCA Selection
Administer Ketamine (4 mg/kg IM) OR Midazolam 10 mg IM or 5 mg IN

- If hyperthermic, provide cooling – ice packs to neck, axilla and groin; fluids to skin
- Provide fluid bolus of up to 2 L of NS
- 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, Phentothiazines, Salicylates
- Monitor EKG, consider 12-lead if any evidence of hyperkalemia (peaked T waves, prolonged PR, widened QRS)

Additional sedation as needed, per Patient Sedation Procedure