Protocol Title: Behavioral Emergencies/Excited Delirium

I. BASIC LIFE SUPPORT and INTERMEDIATE LIFE SUPPORT (AEMT)

General Considerations

1. Be aware of dangers to patient or medical personnel.
2. Summon law enforcement.
3. Request Mental Health Professional as needed.
4. Approach patient in a calm manner.
5. Show self-confidence and convey concern for patient.
6. Reassure patient he/she should and will be taken to a hospital where there are people that are interested in helping him/her.

General Approach

1. Transport the patient as quickly as possible to an appropriate facility without causing undo emotional or physical harm.

2. If the patient appears to have significant mental disorder and is refusing transport, consider police and/or mental health professional assistance.

3. Never stay alone with a violent patient and have enough help to restrain him/her if needed.

4. Consider the armed patient potentially homicidal as well as suicidal.

5. For severe or dangerous agitation/combativeness that represents an acute danger to the patient or EMS personnel, consider physical and/or chemical restraint:
   a. 4-point soft restraints – secure patient safely in supine position to gurney or backboard (Long Spine Board - LSB).
   b. Spitting or biting patients may be secured with a surgical mask or an oxygen mask that has flowing oxygen.
   c. **Violent patients judged as unsafe for transport may be chemically sedated by ALS personnel (chemical restraint).**

6. Any patient that is restrained needs continuous clinical monitoring, they cannot be left alone for any reason at any time

II. ADVANCED LIFE SUPPORT (PARAMEDIC)

1. For severe or dangerous agitation/combativeness refractory to verbal redirection or physical restraints, consider chemical restraint:
   a. **Versed (midazolam)** 2-5 mg IV or IM. Alternatively, you can use diazepam/valium (5-10 mg IM/IV). Max 10 mg IV/IM of either agent.
   b. **Ketamine** 2-4 mg/kg IM (max 300 mg, use for extreme agitation only) OR 1 mg/kg intranasal if IV access is not readily available
      i. Refer to ketamine drug information, typically once ketamine is administered, you will have 10-15 minutes to obtain IV access, secure the patient to the stretcher or LSB

ii. Emergence from ketamine can cause agitation
    i. **Versed** 2-10 mg IV/IM
    ii. Calm, quiet environment can reduce emergence reaction/agitation
iii. ANY patient that receives chemical restraint must be placed on a cardiac monitor with vitals obtained and documented every 5 minutes
    i. Strongly consider supplemental oxygen, respiratory depression can occur with either benzodiazepines or ketamine
    ii. Consider definitive airway management for any change in ETCO2, SpO2 or evidence of decreased airway protection
        1. Succinylcholine is relatively contraindicated in these patients, particularly if they are hyperthermic
        2. Rocuronium is a better choice
    iii. You must also document extremity pulses in any physically restrained patient every 5 minutes
    iv. Consider slight reverse trendelenburg position or raise head of bed for increased secretions with ketamine

2. For severe or dangerous agitation/combativeness that represents an acute danger to the patient or EMS personnel, also consider physical restraint:
    a. 4-point soft restraints – secure patient safely in supine position to gurney or backboard.
    b. Spitting or biting patients may be secured with a surgical mask or an oxygen mask that has flowing oxygen
3. Law enforcement personnel MUST assume responsibility/accompany patient for any physical restraint applied by them (handcuffs, flex cuffs, zip-tie, etc) that remains on the patient. They may follow behind the EMS crew, decision is up to the medical team.

III. DOCUMENTATION

1. Complete documentation is required on any patient that receives physical or chemical restraint
    a. Mental status of the patient.
    b. Lack of response to verbal control.
    c. The need for restraint.
    d. The method and process of restraint used.
    e. The type of restraint used.
    f. The patient's response to restraint and condition while restrained.
    g. Any injuries to the patient or EMS personnel resulting from restraint efforts.
    h. Patient position during treatment and transport.
    i. Methods of monitoring the restrained patient during transport.
    j. Vital signs.
    k. Distal neurovascular checks.
    l. Patient status at the time of transfer of care at the hospital.

IV. EXCITED DELIRIUM STATE (ExDS)

1. Unique subset of behavioral emergencies in which a patient exhibits extraordinary agitation
2. Consider ExDs with any or all of the following patient presentations:
    a. Extremely violent/aggressive behavior.
    b. Constant or near constant physical activity.

   c. Does not respond to police presence.
   d. Attracted to reflective objects.
   e. Attracted to bright lights and/or loud sounds.
   f. Naked or inadequately clothed.
   g. Is hot to touch/diaphoretic.
   h. Rapid breathing.
   i. Profuse sweating.
   j. Keening (unintelligible animal noises).
   k. Extreme tolerance to pain.
   l. Excessive strength (out of proportion).
   m. Excessive stamina, minimal fatigue with maximal exertion.
3. Coordinate with Law Enforcement to develop a sedation and/or patient control plan
4. Take the patient's temperature, apply ice packs to facilitate cooling if hyperthermic, monitor for overcooling and document temperature response to cooling measures.
5. Establish an IV of NS as soon as feasible and check blood glucose. If unable to establish an IV and if the patient has an elevated body temperature and was extremely agitated prior to sedation, consider IO placement.
6. Administer NS IV fluids up to 2 liters, fluids should be cooled if core body temp >104.
7. If extreme agitation is present prior to sedation and the patient has an elevated body temperature >104 degrees F, administer Sodium Bicarbonate 50mEq IV push for each liter of saline given, to a maximum of 100mEq.
8. Note: for RSI, succinylcholine is **contraindicated** in hyperthermic patients. Use rocuronium for RSI instead.