



Excited Delirium – Chemical/ Physical Restraint

Adult Medical

Austin County
EMS Protocol & Guideline

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Overview: The treatment goal is to intervene and manage the psychiatric illness/mental health/ behavioral health patient. These patients may present suicidal or homicidal, with or without an actual plan or action. They may also present with anxiety, agitation, confusion, delusional thoughts and or bizarre behavior. It is imperative to remain calm, clearly identify yourself, and use therapeutic communication techniques when caring for these patients.

Definition: Acute mental crisis is defined as an intensive behavioral, emotional, or psychiatric response triggered by a precipitating event. Each patient experiences a crisis in their own way. They may feel that their mental health has been steadily deteriorating for some time, or something may happen that will suddenly shake their stability. The patient may have a good idea what's likely to trigger a crisis, or they may not know what's causing their feelings.

EMT

- **Assess** for any **medical complaint** or **visible trauma**: Refer to appropriate protocol if a complaint/injury exists
- **Airway management** and oxygen therapy appropriate to patient condition
- Blood pressure, pulse, respirations, temperature, SPO2
- Obtain **BGL**
- **ECG monitor (12 lead as appropriate)**
- ETCO2 monitoring
- Pulse, motor response, and sensation of all extremities **BEFORE** and **AFTER** placement
- **Prior to restraint**, if possible, differentiate psychiatric from non-psychiatric (organic) causes of excited delirium.
- **Soft Restraints**

AEMT

- **Establish IV of Normal Saline** if possible

Paramedic

Uncooperative and Non-Violent

- **Diazepam** 2- 4mg IV/IO or 5-10mg IN/IM, repeat every 10 minutes as need to a max dose of 10 mg

Uncooperative and Violent

- **Ketamine** 4mg/kg + **Midazolam** 5 mg IM/IN
- Re-dose **Ketamine** with 2 mg/kg IV, repeat every 10 minutes as needed
- Re-dose **Diazepam or Midazolam 2 mg IV**, repeat every 10 minutes as needed
- If no improvement consider **RSI**

PEARLS

- Team approach and preplanning is key to success. Minimizing the amount of force and struggle the patient endures is imperative to facilitate the best possible care. Patience and understanding.
- The first few moments of a patient encounter often determine how smoothly the call will go, and it is essential to establish a rapport with the patient. Form a general impression about the patient's appearance, general health, cleanliness, and living conditions. If possible, position yourself at the patient's eye level at a 45-degree angle, without encroaching on their personal space. Your facial expression should convey that you are calm and non-judgmental
- A thorough understanding of psychiatric disorders helps to differentiate medical from psychiatric causes of presenting symptoms. Use therapeutic communication techniques for crisis mitigation, and a thorough understanding to inform the decision as to whether a patient is competent to decide on their care.
- During an acute mental crisis the patient may direct their anger at EMS. This anger cannot be taken as directed towards EMS but as a symptom that the patient is experiencing with their specific disorder.