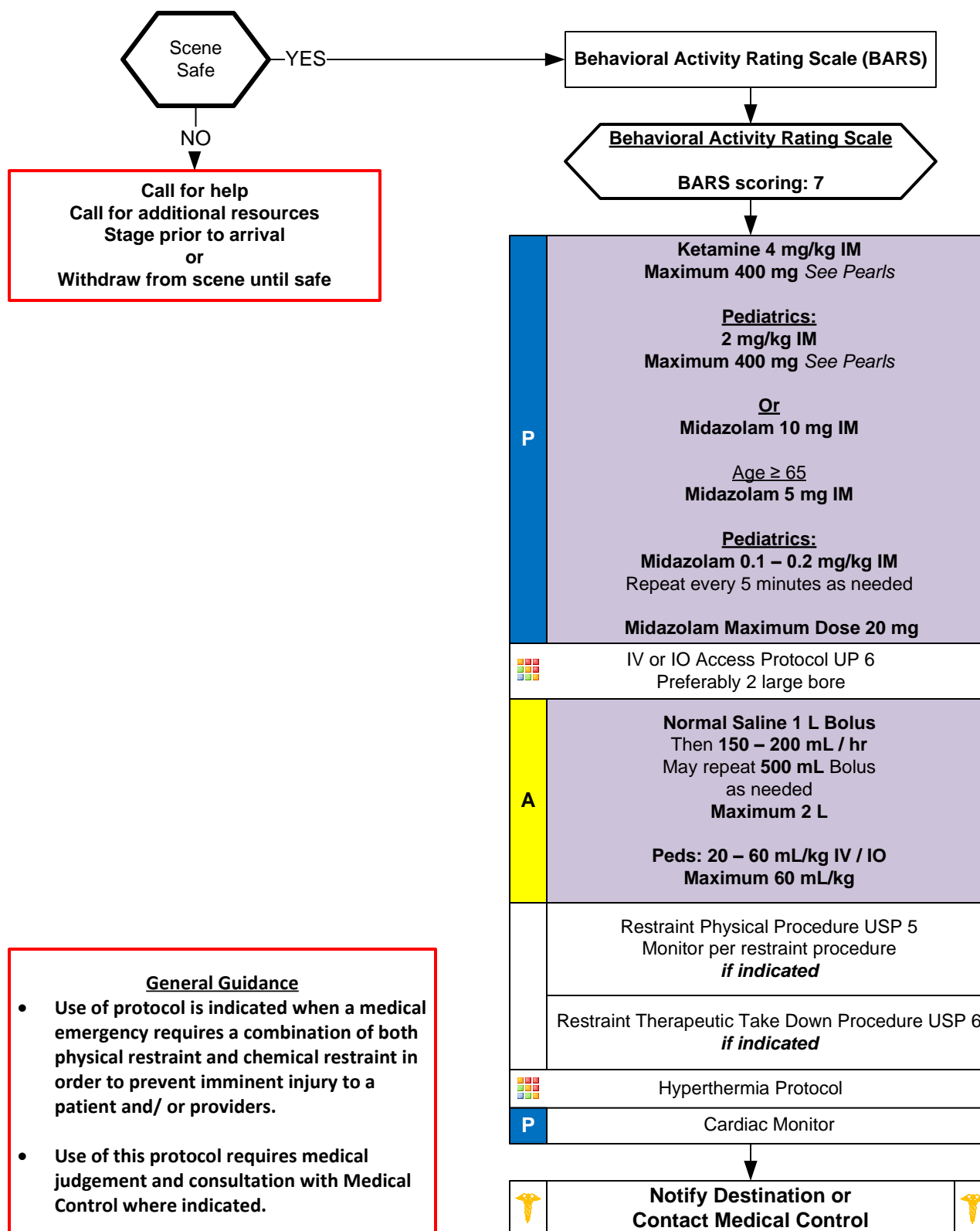




Behavioral Hyperactive Delirium With Severe Agitation



General Guidance

- Use of protocol is indicated when a medical emergency requires a combination of both physical restraint and chemical restraint in order to prevent imminent injury to a patient and/ or providers.
- Use of this protocol requires medical judgement and consultation with Medical Control where indicated.
- Non-medical personnel requests or opinions should not be used as a factor when implementing this protocol.



Behavioral Hyperactive Delirium With Severe Agitation



Restraints:

- Patient must be agitated, disruptive (not allowing you to conduct needed treatment), and posing a threat to themselves or others.
- Use minimum necessary force required for patient control and must be done in a way not to inflict harm upon the patient.
- Position of patient must not impede airway or breathing. (If initially place prone, move to supine quickly).
- This should be done supine or lateral with one arm raised above the head.

Team approach:

- Need minimum of 5 - 6 providers:
 - Preferably only EMS and Fire Personnel.
 - Avoid using LEO personnel unless absolutely necessary.
 - Remove all equipment from providers that could impart harm to the patient (pens, lights, etc.).
- Team Leader administers medication and acts as safety officer to ensure procedure is conducted to keep patient and providers safe
- 1 provider controls and protects head
- 1 provider for each extremity taking control of wrists/ elbows, and knees and ankles.
- Restraints must not impede circulation.
- Do not restrain patient in prone position.
- Do not allow patient to continue to struggle against restraint: This can cause life threatening condition.
- Contact Medical Control if necessary for chemical restraint advice.
- Attempt to approach with 2 providers from the front (upper limbs) and 2 providers from the rear (lower limbs).

Chemical Restraint:

- Patient must be disruptive and violent, posing a threat to themselves others.
- Necessary force required for patient control must be done in a way not to inflict harm upon the patient.
- Position of patient must not impede airway or breathing.
- This should be done supine or lateral with one arm raised above the head.
- **Drug must be able to be given without imparting harm to rescuers or patient.**

Pearls

- **Ketamine for sedation purposes:**

Ketamine may be used in pediatric patients who fit within a Pediatric Medication/ Skill Resuscitation System product, ≤ 15 years of age, or ≤ 49 kg) with DIRECT ONLINE MEDICAL ORDER by the system MEDICAL DIRECTOR or ASSISTANT MEDICAL DIRECTOR only.
- **Hyperactive Delirium with Severe Agitation:**

Medical emergency: Combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent/ bizarre behavior, insensitivity to pain, hyperthermia and increased strength.

Potentially life-threatening and associated with use of physical control measures, including physical restraints.

Most commonly seen in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines or similar agents.

Alcohol or substance withdrawal as well as head trauma may also contribute to the condition.
- **Restraint use:**

Physical restraints are not contraindicated in agitated or excited delirium, but you must use caution. Once sedated, prevent patient from continued struggle, which can worsen metabolic condition. Prevent patient from assuming a prone position for prolonged period, move to supine position as quickly as possible.

Team approach for sedation and Restraint Therapeutic Take Down Procedure USP-6:

 - 1 provider for each limb.
 - 1 provider to lead restraint, maintain airway and control head.
 - 1 Provider to administer medication.

Do not position prone or prone with restraints, as this can impede respiration and ventilation.
- Hyperthermia: Assess for and treat hyperthermia.