



- Documentation of QT interval when antiemetic medications, haloperidol, or droperidol is used and result conveyed to ED staff

Performance Measures

- Recognition and treatment of hyperthermia
- Recognition of need for monitoring cardiovascular and respiratory status of patient with stimulant toxicity
- ACS evaluation and treatment considered for chest pain and shortness of breath
- Respiratory compromise quickly recognized and treated
- Cardiovascular compromise quickly recognized and treated
- Patient and medics did not suffer any harm
- Access and monitoring were not lost during transport

References

1. Kupas, D, Wydro, G, Tan, D, Kamin, R, Harrell, A, Wang, A, NASEMSO Position Paper 2020 Clinical Care and Restraint of Agitated or Combative Patients by Emergency Medical Services Practitioners <https://nasemsso.org/wp-content/uploads/Clinical-Care-and-Restraint-of-Agitated-or-Combative-Patients-by-Emergency-Medical-Services-Practitioners.pdf>. Accessed March 11, 2022
2. Warrcik BJ, Hill M, Hekman K, et al. A 9-state analysis of designer stimulant, "bath salt, " hospital visits reported to poison control centers. *Ann Emerg Med*. 2013;62(3):244–51
3. *White Paper Report on Excited Delirium Syndrome*. ACEP Excited Delirium Task Force, American College of Emergency Physicians; September 10, 2009

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