

- 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://nasemso.org/wp-content/uploads/Clinical-Care-and-Restraint-of-Agitated-or-Combative-Patients-by-Emergency-Medical-Services-Practitioners.pdf>. Accessed March 11, 2022
2. Warrick 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

### **Revision Date**

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