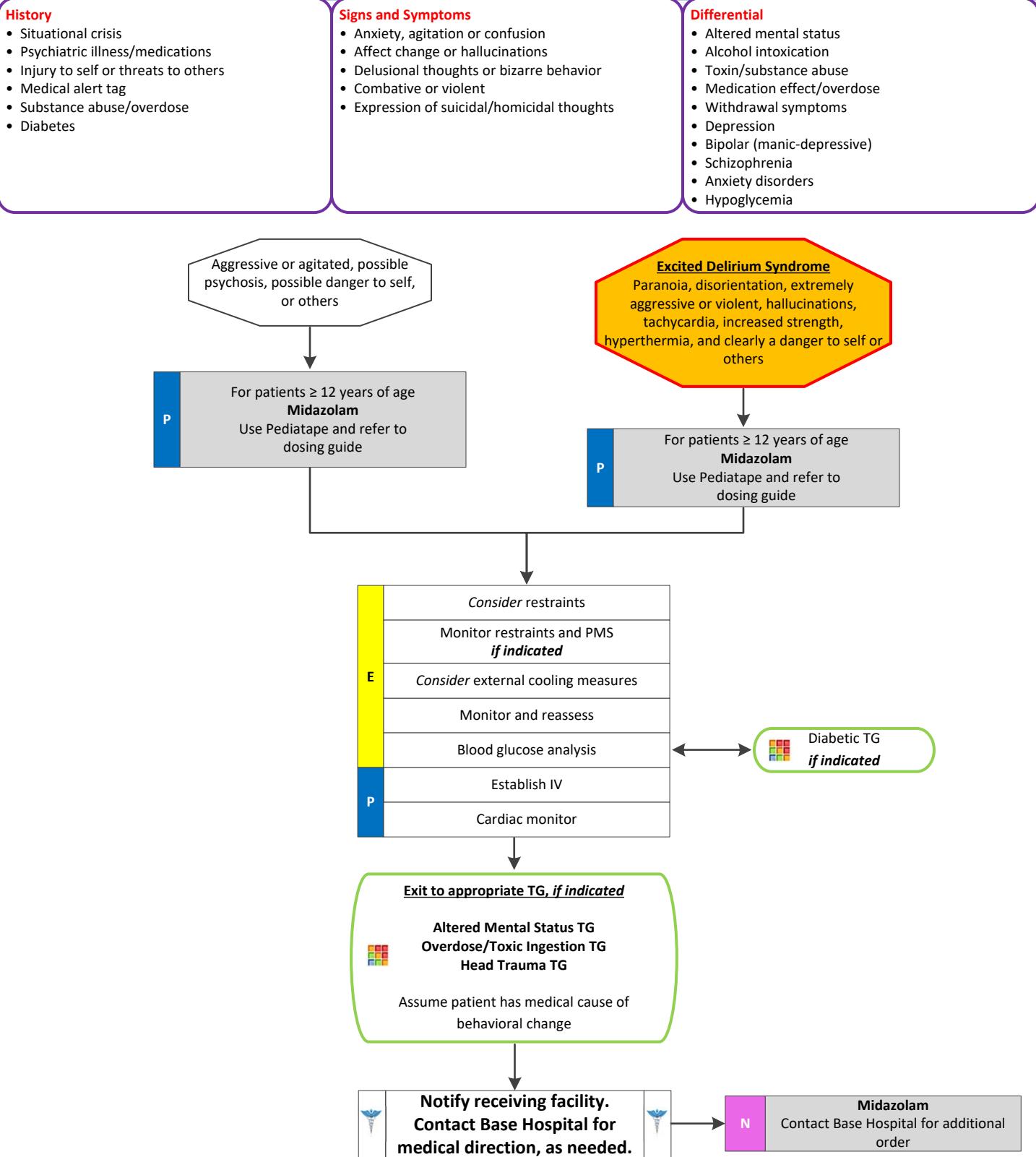


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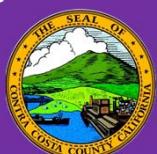
Pediatric Behavioral

Excited Delirium Syndrome:

This is a medical emergency. The condition is a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent/bizarre behavior, insensitivity to pain, hyperthermia and increased strength. The condition is life-threatening and is often associated with use of physical control measures, including physical restraints, and tasers. Most commonly seen in male patients with a history of serious mental illness or drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines, bath salts, or similar agents. Alcohol withdrawal or head injury may also contribute to the condition.

Pearls

- **Crew/responder safety is the main priority. See Policy 1008 – Managing Assaultive Behavior/Patient Restraint.**
- **Avoid using benzodiazepines for patients with alcohol intoxication.**
- **Limit IN administrations to $\frac{1}{2}$ dose in each nare.**
- All patients who receive either physical restraint or chemical sedation must be continuously observed by EMS personnel. This includes direct visualization of the patient as well as cardiac and pulse oximetry monitoring.
- Consider all possible medical/trauma causes for behavior (e.g. hypoglycemia, overdose, substance abuse, hypoxia, seizure, head injury, etc.).
- Use caution when considering the use of Midazolam with postictal patients.
- Do not irritate the patient with a prolonged exam. Be thorough but quick.
- Do not overlook the possibility of associated domestic violence or child abuse.
- If patient suspected of excited delirium and suffers cardiac arrest, consider fluid bolus and sodium bicarbonate early.
- Do not position or transport any restrained patient in a way that negatively affects the patient's respiratory or circulatory status (e.g. hog-tied or prone positions). Do not place backboards, splints or other devices on top of the patient.
- If restrained, the extremities that are restrained will have a circulation check at least every 15 minutes. The first of these checks should occur as soon after placement of the restraints as possible. This shall be documented in the EHR.



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