



**ADULT MEDICAL
AM-16**

**EXCITED DELIRIUM
SYNDROME**

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Last Revision:
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History and Physical:

Historical Findings	Physical Findings
<ul style="list-style-type: none">▪ History of psychiatric illness▪ Recent hx of intoxication/drug (stimulant) use▪ Restraint use▪ Common in Tased patients	<ul style="list-style-type: none">▪ Tachycardia▪ Diaphoresis▪ Abnormal body strength▪ AMS▪ Can progress to hemodynamic instability

Assessment:

- Medical Assessment
- Differential Diagnoses: Sepsis, CVA, Withdrawal, Unknown Etiology
- **HIGH** mortality rate

Clinical Management Options:

Interventions	Pharmacology
<ul style="list-style-type: none">▪ Continuous respiratory monitoring<ul style="list-style-type: none">○ Capnography asap▪ Oxygen therapy as appropriate▪ Vascular access▪ Fluid bolus PRN<ul style="list-style-type: none">○ Assess for pulmonary edema	<ul style="list-style-type: none">▪ Sedation Management▪ Sodium Bicarbonate 100mEq<ul style="list-style-type: none">○ If wide-complex tachycardia

Considerations:

- Consider Hyperkalemia if EKG changes indicate