Chemical Sedation for the Agitated and Delirious Patient

**Designation of Condition:** Chemical sedation should be reserved for those patients who remain violently agitated, despite verbal de-escalation attempts and in the judgment of the paramedic, poses a continued risk to themselves and/or to the EMS provider. Patients will often present with agitation, confusion, hallucinations, delusional thoughts and bizarre behavior.

**Excited Delerium Syndrome:** This is state is defined by its clinical features. Stimulant drug use, including cocaine, methamphetamine, and PCP, demonstrates a well established association with ExDS and is usually associated with cases of ExDS death. These patients are truly out of control and have a life-threatening medical emergency.

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**Excited Delerium Syndrome:**

- Paranoia, disorientation, hyper-aggression, violent, hallucinations, tachycardia/hypertension, hyperthermia, increased strength
- Patient does not respond to verbal de-escalation techniques

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**ABC's, Vital signs, BGL procedure**

- Consider possible altered mentaiton due to overdose/toxic ingestion, traumatic brain injury or multi system trauma and attempt to treat any reversible causes
- Assemble personnel
- Attempt to reasonbly address patient concerns, verbal de-escalation

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**DO NOT GIVE FOR MILD ANXIETY/ AGITATION**

- **Ketamine**
  - 4mg/kg IM slow push single dose x 1 max total dose of 500 mg
  - Goal is rapid tranquilization in order to minimize time struggling and complete restraint guideline
  - After sedation is acheived:
    - 2 large bore IVs
    - Normal Saline IV/O 500cc bolus repeat to max of 2 liters
    - Cardiac monitor and 12-Lead
    - **ETCO2 is mandatory**
    - External cooling measures if concern for hyperthermia
    - Frequent airway reassessment—close monitoring for vocal chord spasm
    - If hypersecretion present:
      - **Atropine** 0.1–0.3 mg IV/O or 0.5 mg IM
    - If emergence reaction occurs—give **Midazolam** 1–5 mg IV/O/IM/IN
    - Wide complex tachycardia can occur in these patients: administer **Sodium Bicarbonate** 1 meq/kg to max of 100 meq

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**KEY POINT***

Inappropriate use of either physical or chemical EMS restraint (use that does not conform to the designation of condition) may be considered an infringement on the patient’s civil rights.

EMS providers must be aware of risk/benefit of EMS restraint and the need for appropriate documentation.