Behavioral Issues / Agitation / Excited Delirium / Combative Patient

Authorization: Paramedic / Paramedic - Critical Care
Protocol: Standing Order

The Spectrum of Agitation:
- Agitation has a continuum of severity.
- Mild agitation should be managed with verbal coaching
- Moderate to severe agitation should be managed with sedation using benzodiazepines
- Extreme agitation / excited delirium is a medical emergency that should be managed with ketamine.

Extreme Agitation / Excited Delirium
- Excited delirium is a medical emergency in which a patient develops extreme agitation, aggressiveness, hyperthermia, and exceptional strength which cannot be managed by more traditional means. Excited delirium patients may struggle against restraints to the degree of causing bodily injury and extreme exertion which may result in sudden death.

Contraindications:
- None in the setting of a patient exhibiting excited delirium

Precautions:
- Treat medical causes (hypoglycemia, etc) if at all possible
- Be prepared to practice aggressive airway management
- Place patients on monitoring equipment such as etco2, ECG, SpO2, and obtain vital signs as soon as possible
- Excited delirium may result in sudden cardiac arrest

Warnings
- Never transport in a position that restricts breathing. Do not hobble or transport in prone position
- Be prepared for sudden deterioration in patients with excited delirium
- Patients may become hyperthermic, monitor temperature and initiate cooling as needed

Medication Dose/Administration:
- Moderate to severe agitation use of midazolam at 0.1mg/kg IM (refer to midazolam protocol)
- Extreme agitation / excited delirium use Ketamine at 5mg/kg IM (refer to ketamine protocol)

Notes:
- Place patients on high flow oxygen if able to safely do so
- Establish IV access on these patients if able to safely do so
- If Ketamine is used, submit report to Medical Director or Manager or QA for review within 24 hours
Excited Delirium / Agitation / Combative Patient Protocol Flow Sheet

Patient is agitated and presents a danger to self and/or others

Assume the patient has a medical cause for the agitation and treat reversible causes if at all possible

Does the patient have signs of Excited Delirium Syndrome?

Excited Delirium Syndrome:
Paranoia, hallucinations, disorientation, extreme aggression, tachycardia, hyperthermia, extreme strength

Does the patient respond to verbal de-escalation techniques?

Use chemical and/or physical restraint.
*Do not transport in prone or hobble position or in any position that inhibits breathing.

If patient is still agitated consider Sedation:
**Midazolam IM or IV**

Reassess ABC's
High Flow oxygen
Monitor for laryngospasm
Respiratory support as needed
Establish IV access
Monitor ECG/SpO2/EtCO2
Begin external cooling

Submit PCR to Medical Director for review within 24 hours

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High Flow oxygen
Monitor for laryngospasm
Respiratory support as needed
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**IM Ketamine: 5mg/kg**

Adult patient with profound agitation that poses a risk to either patient or provider administer

Profound Agitation Present?

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