TREATMENT PROTOCOL: AGITATED DELIRIUM

1. Approach patient in a calm and cautious manner, attempt verbal de-escalation prior to involuntary restraint
2. Basic airway
3. Oxygen/pulse oximetry
4. Consider restraining if patient is a danger to self or others, contact law enforcement prn
5. Perform blood glucose test when safe to do so
6. Venous access, if possible
7. Cardiac monitor when possible: document rhythm and attach ECG strip if dysrhythmia identified.
8. Midazolam 2-5mg IV
   5mg IN or IM, if unable to obtain venous access
8. ESTABLISH BASE CONTACT (ALL)
9. Midazolam
   May repeat one time in 5min after contacting Base
   Maximum total adult dose 10mg all routes
   2-5mg IV
   5mg IN or IM, if unable to obtain venous access
10. Normal saline 10mL/kg
    Reassess after each 250mL for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops.
11. Initiate cooling measure if patient hot to touch, diaphoretic, or displays other evidence of hyperthermia

SPECIAL CONSIDERATIONS

1. Agitated delirium (AD), also known as Excited Delirium, is characterized by an acute onset of extreme agitation, confusion, and bizarre, combative behavior. Careful consideration of conditions that may mimic AD (e.g. severe head trauma, seizure, hypoglycemia) should be made prior to sedation.
2. Significant agitation may be present after seizure. Patients who are combative after seizure may require midazolam, both to control agitation and to prevent further seizures.
3. Contact base early for administration of midazolam. If known diabetic, serious consideration should be given to obtaining blood glucose level prior to administration of midazolam. However, blood glucose and vital sign testing should be deferred until after sedation for patients whose behavior presents a threat to EMS personnel.
4. Monitor airway, vital signs and pulse oximetry closely. Patients with AD are at risk for sudden cardiopulmonary arrest and often exhibit an abrupt and brief period of lethargy with a marked decrease in respirations prior to arrest. Restrained patients may be at increased risk for sudden cardiopulmonary arrest.
5. If abnormal lung sounds are present, refer to Ref. No. 1249, Respiratory Distress Treatment Protocol to guide respiratory management.
8. AD can interfere with the body’s ability to regulate temperature; active cooling measures should be initiated during transport for suspected hyperthermia.