

Base Hospital Contact Required.

1. Assess situation for safety; Attain law enforcement assistance for physical restraint prior to approaching a patient if a weapon is visualized or the patient threatens violence towards EMS
2. Approach patient with caution and attempt verbal de-escalation
3. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
Continually assess patient's airway and ventilation status ❶ ❷
4. Administer **Oxygen** prn (*MCG 1302*)
5. Patients with agitated delirium have agitation along with two or more of the following:
 - Confusion
 - Diaphoresis
 - Hot/flushed skin
 - TachycardiaAgitated and/or combative patients without these signs/symptoms are not suffering agitated delirium, treat per the appropriate treatment protocol
6. For severe agitation and/or combative patient requiring restraint for patient or provider safety ❷:
Midazolam 5mg (1mL) IM/IN/IV
Repeat x1 in 5 min prn, maximum total dose prior to Base contact 10 mg ❸

CONTACT BASE for additional sedation after maximum dose administered:
May repeat as above up to a maximum total dose of 20mg ❸
7. If evidence of trauma, provide spinal motion restriction prn (*MCG 1360*)
8. Establish vascular access prn (*MCG 1375*)
9. Check blood glucose prn ❹
If glucose < 60 mg/dL or > 400 mg/dL treat in conjunction with *TP 1203, Diabetic Emergencies*
10. Initiate cardiac monitoring after sedation (*MCG 1308*)
Assess for dysrhythmia or interval widening
CONTACT BASE for QRS > 0.12 sec, QT > 500ms, or heart rate > 150 or < 50 to discuss need to administer **Sodium Bicarbonate 50mEq IV** ❺
11. For suspected ingestions, treat in conjunction with *TP 1241, Overdose / Poisoning / Ingestion*
12. **Normal saline 1L IV rapid infusion**
Reassess after each 250mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops
13. If patient hot to touch or with suspected hyperthermia, initiate cooling measures

SPECIAL CONSIDERATIONS

- ① Patients with Agitated/Excited Delirium are at risk for sudden cardiac arrest, often preceded by a brief, abrupt period of lethargy and decreased respirations. Careful observation of patient's activity level, vital signs, and airway are essential to patient safety. If patient develops cardiac arrest, treat in conjunction with [TP 1210, Cardiac Arrest – Non-traumatic](#)
- ② Use of restraints in patients with Agitated Delirium is associated with an increased risk of sudden death. Avoid using restraints in patients who do not present a threat to self or to EMS personnel. Never transport a patient in restraints in prone position. ([Ref. 838](#))
- ③ Midazolam onset is 2 minutes with maximum effect at 5 minutes.
- ④ Agitation may be present after a seizure, or in the setting of hypo/hyperglycemia. Consider checking glucose early if the patient is a known diabetic, but only if safe to do so.
- ⑤ Several drugs may cause life threatening cardiac arrhythmias after intentional or accidental overdose. These arrhythmias are often preceded by prolonged ECG intervals (particularly QRS > 0.12 sec or QT interval > 500ms). Cocaine intoxication is strongly associated with Agitated Delirium and may also produce cardiac effects similar to Tricyclic antidepressant (TCA) overdose (widened QRS progressing to malignant arrhythmia). These patients may require a large dose of sodium bicarbonate to prevent sudden cardiac death. Consult Base Physician immediately to discuss administration of Sodium Bicarbonate; may repeat x1 if QRS remains > 0.12 sec after initial sodium bicarbonate. Treat in conjunction with [TP 1241, Overdose / Poisoning / Ingestion](#)