Behavioral Health:
Behavioral Emergency/Excited Delirium

Goals: Provision of emergency medical care to the agitated, violent or uncooperative patient, while maximizing and maintaining safety for the patient, EMS Providers and others
Inclusion Criteria: Patients of all ages exhibiting agitated, violent or uncooperative behavior, or who are a potential danger to self or others
Exclusion Criteria: Patients exhibiting agitated, violent or uncooperative behavior due to medical conditions, including, but not limited to, head injury or metabolic conditions (e.g. hypoxia or hypoglycemia)
Refer to: Head Injury, Heat-Related Emergencies, Poisoned Patient and Overdose, Seizure and other, symptom-specific CPGs; Custody, Evaluation/Transport, Destination, and Restraint of Patient Policies

NOTES:
- **For behavioral emergencies in patients in police custody, refer to the Custody Policy**
- **The safety of the patient, EMS Providers and others is paramount in the decision to use restraint techniques.**
- **Prone positioning or any restraint that restricts the airway or respiratory efforts shall not be used.**
- **Sudden "giving up", collapse or quiet compliance of a violent/aggressive patient is an ominous sign of imminent cardiac arrest.**
- **"Hyperventilation" may be a symptom of a serious medical condition, such as pulmonary embolism.**
- **Life-threatening medical conditions can present as agitation or delirium. These include: alcohol/drug intoxication, meningitis/encephalitis, hypoglycemia, hypoxia, heat stroke, hypertension, head injury and intracerebral hemorrhage. If suspected, refer to the respective, symptom-specific CPG.**

Basic Level

1. Approach the patient calmly and with caution
2. Verbally re-direct and de-escalate, if possible, with coaching and reassurance
3. Assess and support ABCs according to UNIVERSAL CARE – ADULT or UNIVERSAL CARE – PEDIATRIC, as soon as possible and as clinically indicated (physical restraint or emergency medication administration may be needed):
    a. A (Airway): Ensure airway patency with suctioning and OPA or NPA, as tolerated
    b. B (Breathing): Provide supplemental oxygen to maintain SpO_2 of at least 94% (continuous monitoring); provide verbal coaching/reassurance if patient is hyperventilating
    c. C (Circulation): Evaluate, document and treat signs/symptoms of shock; initiate continuous ECG monitoring as soon as possible
    d. D (Disability): Assess and document GCS; assess pupillary size and reactivity; assess for possible drug overdose and treat according to the Poisoned Patient/Overdose CPG
    e. E (Exposure/Environmental): Assess for evidence of head injury and, if present, treat according to the Head Injury CPG; treat hyperthermia according to the Heat Emergencies CPG
4. Positioning:
    a. If the patient requires physical restraint, refer to the Restraint of Patient Policy

b. PEDIATRIC patient less than 14 years of age:
i. Contact BioTel before using any level of restraint other than verbal de-escalation

    c. Lateral decubitus (with patient facing EMS Providers) is preferred for patient at risk of aspiration
    d. Supine positioning, hobble ("hog-tie"), "sandwich" and other restrictive positioning is not permitted
5. Perform and document a POC Glucose analysis and treat according to the Diabetic Emergencies CPG
    a. Do not administer glucose unless there is documented, symptomatic hypoglycemia
6. Once advanced level care arrives on scene, give report and transfer care

Advanced Level

7. Initiate continuous $PetCO_2$ monitoring and maintain continuous ECG and SpO_2 monitoring
8. Initiate advanced airway management, as appropriate
9. Treatment of Excited Delirium centers on reversing the triad of agitation, hyperthermia and acidosis

10. Establish IV/IO access at TKO rate:
    a. Treat dehydration or shock with fluid bolus(es) according to the Shock and Heat Emergencies CPGs
11. Obtain and transmit a 12-Lead ECG, as appropriate, per Chest Pain and specific dysrhythmia CPGs
12. Consider use of emergency medications ("chemical restraint") if and when all other acceptable safety measures have been unsuccessful and/or inadequate for a patient posing an immediate threat to self, EMS Providers or others:
    a. In general, IM or IN route of administration may be preferred for EMS Provider safety
        i. If necessary due to safety concerns, IM medications may be administered through clothing:
            1. Avoid directing the injection into objects in clothing pockets
            2. Injections through clothing must be specifically documented and communicated to E.D. staff, as prophylactic antibiotics may be necessary to prevent infection
    b. Continuous vital signs, ECG, SpO_2, and $PetCO_2$ monitoring must be used and documented
    c. ADULT at least 14 years of age:
        i. Administer midalozam 5 mg slow IV/IO/IM/IN
            1. May repeat once after 10-15 minutes, if needed
            2. Contact BioTel for authorization of additional doses
        ii. ***OR Alternative*** (for appropriately trained EMS Providers in agencies with Medical Director authorization): Administer ketamine 2 mg/kg IV/IO/IN or 4-5 mg/kg IM
            1. Contact BioTel for authorization of additional doses

d. PEDIATRIC patient less than 14 years of age:
i. Contact BioTel
ii. BioTel may authorize midazolam 0.1 mg/kg to 0.3 mg/kg IV/IO/IM/IN
iii. Repeat dosing requires BioTel authorization
iv. Do not administer ketamine, unless specifically authorized by Medical Control physician

13. For a patient with prolonged violent/aggressive behavior not responding well to physical restraint and emergency medication sedation, or for EMS Provider-witnessed cardiac arrest:
    a. ADULT at least 14 years of age: Consider administration of sodium bicarbonate 50 mEq IV/IO

b. PEDIATRIC patient less than 14 years of age:
i. Contact BioTel
ii. BioTel may authorize sodium bicarbonate 1-2 mEq/kg IV/IO
iii. Repeat dosing requires BioTel authorization

14. Initiate transport to an appropriate receiving hospital, according to the Destination and Custody Policies
    a. Contact BioTel and/or the receiving hospital while en route, to facilitate care
    b. Agitated/combative patients should be transported with a 2nd provider in the patient care compartment
    c. Rigorous, detailed documentation must be performed, including: reasons for and means of restraint; and periodic reassessment findings (e.g. vital signs, cardiac rhythm, SpO_2, $PetCO_2$, and neuro status)
15. For additional patient care considerations not covered under standing orders, consult BioTel