History
- Situational crisis
- Psychiatric illness/medications
- Injury to self or threats to others
- Medical alert tag
- Substance abuse/overdose
- Diabetes
- PCP/cocaine/methamphetamine use

Signs and Symptoms
- Comitative or violent
- Extremely aggressive or violent behavior
- Hyperthermia
- Increased physical strength
- Danger to self or others

Differential
- Altered mental status
- Alcohol intoxication
- Toxic/substance abuse
- Medication effect/overdose
- Withdrawal symptoms
- Psychiatric (eg. Psychosis, Depression, Bipolar etc.)
- Hypoglycemia

Ensure scene safety. Law enforcement should be present.

Extremely aggressive or violent?

No ➔ Behavioral/Psychiatric Crisis

Yes ➔ Consider restraints
Monitor restraints and PMS if indicated
Consider external cooling measures
Monitor and reassess
Blood glucose analysis
Cardiac monitor
Establish IV/IO
If age-dependent hypotensive
Normal Saline bolus IV/IO
May repeat x2
For wide QRS > 0.12mm
Sodium Bicarbonate

Exit to appropriate TP, if indicated
Assume patient has medical cause of behavioral change

Altered Level of Consciousness
Overdose/Poisoning/Ingestion
Trauma

Notify receiving facility. Consider Base Hospital for medical direction
Excited Delirium Syndrome:

This is a medical emergency. The condition is a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent/bizarre behavior, insensitivity to pain, hyperthermia and increased strength. The condition is life-threatening and is often associated with use of physical control measures, including physical restraints, and tasers. Most commonly seen in male patients with a history of serious mental illness or drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines, bath salts, or similar agents. Alcohol withdrawal or head injury may also contribute to the condition.

Pearls

- Crew/responder safety is the main priority.
- Any patient who is handcuffed by Law Enforcement and to remain handcuffed and transported by EMS must be accompanied by Law Enforcement in the ambulance.
- Caution using Midazolam for patients with alcohol intoxication.
- All patients who receive either physical restraint or chemical sedation must be continuously observed by EMS personnel. This includes direct visualization of the patient as well as cardiac and EtCO₂ monitoring.
- Consider all possible medical/trauma causes for behavior (e.g., hypoglycemia, overdose, substance abuse, hypoxia, seizure, head injury, etc.).
- Do not overlook the possibility of associated domestic violence or child abuse.
- Do not position or transport any restrained patient in a way that negatively affects the patient’s respiratory or circulatory status (e.g., hog-tied or prone positions). Do not place backboards, splints, or other devices on top of the patient.
- If restrained, the extremities that are restrained will have a circulation check at least every 15 minutes. The first of these checks should occur as soon after placement of the restraints as possible. This shall be documented in the PCR.