



Behavioral Excited Delirium Syndrome / Violent

Call for help
Call for additional resources
Stage prior to arrival
or
Withdraw from scene until safe

Behavioral Activity Rating Scale (BARS)

Behavioral Activity Rating Scale
BARS scoring: 7

P	<p>Midazolam 10 mg IM</p> <p style="text-align: center;"><u>Age ≥ 65</u> Midazolam 5 mg IM</p> <p style="text-align: center;"><u>Pediatrics:</u> Midazolam 0.1 – 0.2 mg/kg IM Repeat every 5 minutes as needed</p> <p style="text-align: center;">Maximum Dose 20 mg</p>
	<p>IV / IO Protocol UP 6 Preferably 2 large bore</p>
A	<p>Normal Saline 1 L Bolus Then 150 – 200 mL / hr May repeat 500 mL Bolus as needed Maximum 2 L</p> <p style="text-align: center;">Peds: 20 – 60 mL/kg IV / IO Maximum 60 mL/kg</p>
	<p>Restraint Physical Procedure USP 5 Monitor per restraint procedure <i>if indicated</i></p>
	<p>Restraint Therapeutic Take Down Procedure USP 6 <i>if indicated</i></p>
	Hyperthermia Protocol
P	Cardiac Monitor

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Notify Destination or Contact Medical Control

- General Guidance**
- Use of protocol is indicated when a medical emergency requires a combination of both physical restraint and chemical restraint in order to prevent imminent injury to a patient and/or providers.
 - Use of this protocol requires medical judgement and consultation with medical control where indicated.
 - Non-medical personnel requests or opinions should not be used as a factor when implementing this protocol.

Universal Protocol Section



Behavioral Excited Delirium Syndrome / Violent

Ketamine taken out. Only to be used for pain control, not for behavioral crisis.

Pearls

- **Ketamine:**
Ketamine may be used in patients who are outside a Pediatric Medication/Skill Resuscitation System product. Ketamine may be used in patients who fit within a Pediatric Medication/Skill Resuscitation System product only with DIRECT ONLINE MEDICAL ORDER, by the system MEDICAL DIRECTOR or ASSISTANT MEDICAL DIRECTOR.
- **Excited Delirium Syndrome and Violent:**
Medical emergency: Combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent / bizarre behavior, insensitivity to pain, hyperthermia and increased strength. Potentially life-threatening and associated with use of physical control measures, including physical restraints. Most commonly seen in male subjects with a history of serious mental illness and/or acute or chronic drug abuse, particularly stimulant drugs such as cocaine, crack cocaine, methamphetamine, amphetamines or similar agents.
Alcohol or substance withdrawal as well as head trauma may also contribute to the condition.
- **Restraint use:**
Physical restraints are not contraindicated in agitated or excited delirium, but you must use caution. Once sedated, prevent patient from continued struggle which can worsen metabolic condition. Prevent patient from assuming a prone position for prolonged period, move to supine position as quickly as possible. Team approach for sedation and Restraint Therapeutic Take Down Procedure USP-6:
1 provider for each limb. 1 provider to lead restraint, maintain airway and control head. 1 Provider to administer medication.
Do not position prone with restraints as this can impede respiration and ventilation
- **Hyperthermia:** Assess for and treat hyperthermia.