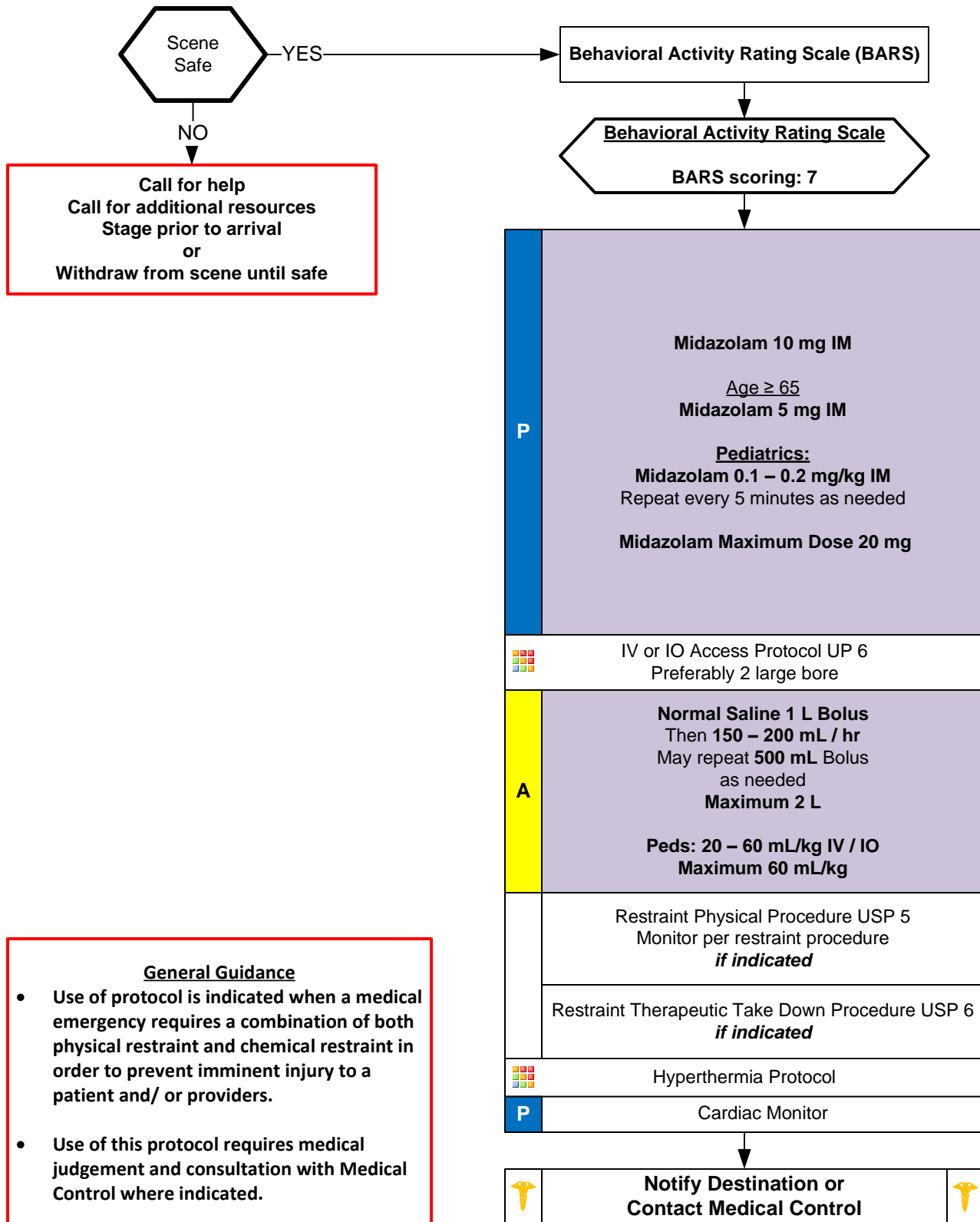




# Behavioral Hyperactive Delirium With Severe Agitation



- 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.



# Behavioral Hyperactive Delirium With Severe Agitation

## Pearls

- **Hyperactive Delirium with Severe Agitation:**

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 or prone with restraints, as this can impede respiration and ventilation.

- **Hyperthermia:** Assess for and treat hyperthermia.