

Excited Delirium

by Dr. Joe Heck

The term “excited delirium” was first used to describe the acute behavioral changes associated with the abuse of stimulant drugs, like methamphetamine, PCP, and cocaine. It has since become a more widely used phrase, often used interchangeably with “agitated delirium,” to describe any individual who is demonstrating a specific constellation of physical signs. These individuals are at an increased risk for sudden death, with case reports clustered in the summer months and in areas noted for high temperature or high humidity. Additionally, obesity may increase the risk for sudden death in these individuals.

An individual acting in a violent, erratic or bizarre manner usually attracts the attention of the police, and soon thereafter, EMS. A struggle often ensues and after being restrained, the individual may suddenly die, bringing police and EMS actions into question.

While the exact cause of these deaths is unknown, their relationship with police custody or ambulance transport is well documented. Therefore, it is imperative that EMS personnel recognize those individuals at risk and are prepared to respond to the “excited delirium” emergency. Physical signs include:

- Unfounded fear and panic
- Shouting/nonsensical speech
- Bizarre behavior (hallucinations/paranoia)
- Hyperactivity and thrashing about (especially after restraint)
- Unexplained strength/endurance
- Shedding clothes/nudity (due to increased body temperature)
- Profuse diaphoresis

EMS personnel must maintain a constant vigilance of this patient’s condition: a previously combative patient who becomes suddenly quiet should raise a red-flag.

Excited delirium can mimic several medical conditions including hypoxia, hypoglycemia, stroke, or intracranial bleeding. Therefore, all of these patients should be transported on a cardiac monitor and pulse oximeter. Additionally, blood glucose should be measured. If hyperthermia is suspected, external cooling measures should be employed.

If the patient remains combative, chemical restraint in accordance with EMS Protocols should be considered.

LVMPD is currently developing a training videotape that includes EMS considerations. This tape will be made available to all EMS agencies for further education on this important and timely topic.