Excited Delirium Syndrome: Emergency Response

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Why are we here today?

- Excited Delirium Syndrome has been identified as a cause of death for some subjects in police custody
- EMS can help law enforcement to reduce the risk of in-custody deaths
- These subjects/patients must be transported to an emergency department in an ambulance
- EMS and law enforcement need to work together
- We have to have a game plan

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Anyone remember this?

**Portage County Coordinated Plan for Excited Delirium Patients**

**OVERVIEW**

- Law enforcement officers periodically come into contact with individuals exhibiting bizarre behavior. This behavior is often a result of alcohol intoxication, the influence of drugs, mental illness, uncontrolled anger, or a combination of these factors. However, in some cases bizarre behavior may be associated with a systemic medical condition (often referred to as excited delirium), which can be caused by heat. Some experts believe that intense physical exertion, such as when a subject violently resists arrest for prolonged periods, may increase the risk of death. Some experts also believe that rapid and aggressive medical interventions may reduce the possibility of a fatal outcome in such cases.

- The purpose of this plan is to develop a standard plan of action across the continuum of law enforcement, emergency medical services (EMS), and the emergency department for patients suffering from excited delirium. The plan is intended to (1) help law enforcement officers identify individuals who are possibly in a state of excited delirium; and manage the situation in a manner that minimizes the risks to all those involved; including the delirious individual; and law enforcement officers (2) facilitate the involvement of EMS personnel in aid law enforcement officers treating excited delirium, and (3) educate law enforcement and EMS personnel on excited delirium, treatment, and prevention.

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Typical Scenario

- Disturbing behavior triggers 911 call
- Obvious to police that subject will resist
- Struggle ensues with multiple officers
  - May involve OC, taser, choke holds, batons, etc.
- Physical restraints applied
  - Handcuffs, ankle cuffs
  - Hogtying, hobble restraint or TARP

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Typical Scenario

- Prone vs. lateral positioning
- Transported in a squad car to jail
- Continued struggle against restraints
- Sometimes damages squad car
- Apparent resolution period
  - Subject becomes calm or slips into unconsciousness
  - Laboried or shallow breathing
  - Followed unexpectedly by...

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Typical Scenario

- Death
  - Resuscitation efforts are futile
  - Even when death occurs in the care of paramedics
- The press:
  - Subject “died after being shocked with taser”
  - Implies cause and effect
  - The Fallacy: “Post hoc ergo propter hoc”
Several weeks later – autopsy results…
- Cause of Death
  - Excited delirium
  - Illicit stimulant drug abuse
  - Concurrent medical problems
  - Minimal injury from police confrontation
- It wasn’t the taser after all
- Officers exonerated

Meanwhile the officers…
- Placed on administrative leave
- Subjected to investigation
- Face threat of potential criminal charges
- Face threat of potential civil litigation
- Subjected to public outcry
- Experience personal and family stress
- Contemplate a career change
- Civil litigation takes years to resolve

Be careful what you ask for and from whom!
I’m not a psychiatrist, pathologist or neuroscientist
I’m an Emergency Physician
Acute illnesses and injuries
Resuscitation and stabilization
Goal: No one dies on my shift!
Excited Delirium: We can fix this!
Delirium: Common but often overlooked

Confusion
Difficulty maintaining or shifting attention
Disorganized thinking
Altered awareness of the environment
Disturbances of cognition
Memory, disorientation, language, perception

Acute and rapid onset
Transient (gone within a week)
Full recovery expected
Fluctuating course (throughout the day)
Variable psychomotor manifestations
From hypoactive (lethargy)
To hyperactive (agitation and excitement)
Potentially violent

Associated signs and symptoms
- Sleep-wakefulness cycle disturbances
- Emotional lability
  - Rapid and unpredictable shifts between:
    - anxiety, fear, depression, irritability
    - anger, euphoria, apathy

What is Delirium?

My Perspective

What is Delirium?
Due to a physical cause that is often identifiable
- Illness, toxins
- Relieved by treating the underlying cause
- Increased mortality

Some Potential Causes of Delirium or Delirium-Like Behavior
- Infections (Sepsis)
- Head Trauma
- Hypertensive Emergency
- Hypoglycemia
- Hyperthyroidism
- Schizophrenia (Psychosis)
- Bipolar Disorder (Mania)
- Other mental illnesses
- Dementia
- Intoxication
- Alcohol
- Stimulant Drugs
- Withdrawal Syndromes
- Alcohol
- Psych meds
- Others
- Medication side effects
- Myocardial Infarction
- Stroke

DSM-5 Diagnoses Related to Delirium
- Substance intoxication delirium
- Substance withdrawal delirium
- Medication induced delirium
- Delirium due to another medical condition
- Delirium due to multiple etiologies
- Unspecified delirium

What is Excited Delirium?
- Examples:
  - Cocaine Excited Delirium = Substance Intoxication Delirium (Due to Cocaine Abuse), Acute, Hyperactive
  - Delirium Tremens = Substance Withdrawal Delirium (Due to Alcohol Withdrawal), Acute, Hyperactive

What is Excited Delirium?
- High state of arousal and activity
- Violence directed at objects
  - Especially shiny objects: glass, mirrors
- Superhuman strength
- Insensitivity to pain
- Undressed, sweating profusely due to hyperthermia
- Won’t follow repeated commands
- Speech disturbances

Excited Delirium Syndrome (ExDS)
Excited Delirium Syndrome (ExDS)

- Identifiable causes
  - Stimulant drug abuse ("Acute on Chronic")
  - Cocaine
  - Methamphetamine
  - PCP
  - Abrupt cessation of Therapeutic Medications
    - Atypical Antipsychotics
    - SSRI Antidepressants
    - Psychiatric disease

What is Excited Delirium?

- An imminently life threatening medical emergency... even though it presents as a crime in progress!
- Consequently:
  - Transport subject/patient in an ambulance to the emergency department
  - No in a squad car or paddy wagon to jail
  - The criminal prosecution can wait

Emergency Medical Treatment of Excited Delirium Syndrome

Agitation

Treatment Triad

Acidosis

Hyperthermia

"Treat the Triad!"

Source: Chief John Gardner (MDCFR); IPICD Conference – Nov. 2007 Las Vegas

Ketamine Discussion

- Ketamine is indicated for controlling agitated, combative and violent behavior of persons
- In police custody
- Who pose a significant threat of injury to themselves or others, including emergency services personnel
- Including adolescents

EMS Goals of Therapy by Priority

- First: Ensure the safety of crew members
- Second: Rapidly sedate to gain control
- Third: Resuscitate and stabilize
- Fourth: Transport to an appropriate ED

Portage County Protocol