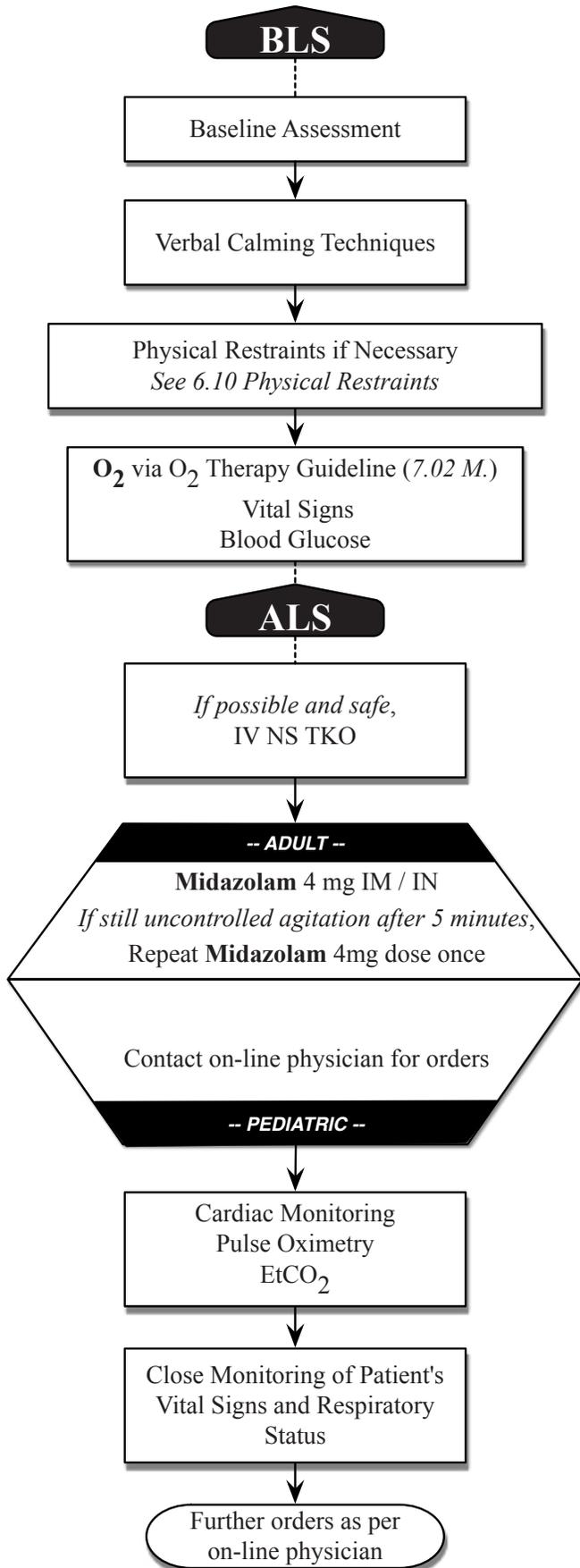


8.03 T. Excited Delirium - ADULT ONLY



Baseline Assessment Considerations

- Assessment of a patient with agitated delirium should consider a wide differential diagnosis. Common causes of agitation include :
 - head trauma
 - hypoxia
 - hypoglycemia
 - electrolyte imbalance
 - infections
 - drug or alcohol intoxication or withdrawal
 - psychiatric disorders
- Any patient showing agitation needs to be closely examined for correctable causes of agitation.
- Management of acute agitation should begin with reassuring verbal techniques. If this is unsuccessful, physical restraints may be used. Only progress to physical restraints when there is imminent danger to either the patient, EMS personnel or others.
- If a patient is not immediately calm with physical restraints, medication should be utilized to decrease the patient's agitation.
- Midazolam can cause hypotension and decreased respiratory drive. Treatment with Midazolam should be in small increments of 1-2 mg at a time, not exceeding 4 mg unless directed by on-line physician.
- If the patient imposes no threat to himself or others and has the capacity to make reasonable decisions, then he cannot be restrained without his permission.
- Medical record documentation should clearly describe the types of restraint applied, the indications for such restraint, and the repeated assessment of the patient's condition while restrained.
- Do not restrain the patient in a prone position (Ref. 6.10).