Acute Agitated (Excited) Delirium

**Acute Agitated (Excited Delirium)**

**30 Second Review**

**DEF:** A state of extreme mental and physiological excitement.

**S/S:** Acute Delirium, disconnected from current surroundings, wild agitation, obvious overheating, insensitivity to pain. May be followed by sudden multi-system collapse including respiratory and cardiac arrest.

**RX:**

1. Attempt to calm or engage the patient. Obtain complete vital signs, pulse oximetry, and CBG if possible.
2. Activate EMS, administer initial dose of midazolam 2.5 mg IM (this may include physical control of the patient with later release to calm down). Monitor closely for side effects of midazolam. If no response, within 10 minutes of initial dose, may repeat midazolam 2.5 mg IM, do not exceed 5 mg total dose of midazolam. If midazolam is unavailable, give initial dose of lorazepam 2mg IM, if no response within 10 mins of initial dose, may repeat lorazepam 2mg IM.
3. Provide cool environment for patient and place patient on side to transport.

**SKILL LEVEL:** RN, LPN

**DEFINITION:**

A state of extreme mental and physiological excitement.

Exceptional agitation and hyperactivity, overheating, hostility, super-human strength, aggression, acute paranoia, insensitivity to pain, followed by sudden tranquility.

Can be associated with respiratory and cardiac arrest.

**DATA BASE:**

**Subjective:** Most patients are not able to communicate.

**Objective:** Attempt to obtain complete vital signs, CBG, and pulse oximetry on all patients with acute agitation.

1. **Mental status:**

   Acute Delirium, disconnected from current surroundings wild agitation, excited, grunting noises without ability to verbalize needs, patient may be aggressive if perceives threat.

2. **Vital Signs/Hyperthermic considerations:**

   Obvious overheating, diaphoretic, removing all clothing in attempt to cool down, may be laying on the floor, seeks water etc., may be brick red in color. Patient may have insensitivity to pain.

3. **Heart and Lungs:**

   As a late finding patient may suddenly stop breathing and suffer a cardiac arrest.
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Assessment:
1. At risk for:

   Potential injury, dehydration, respiratory distress, sudden cardiac, and death due to Acute Agitated (Excited) Delirium.

Plan:
1. Call for immediate EMS assistance.
2. Do not excite, confront or agitate the individual.
3. Contain the behavior rather than restrain behavior when the individual is not dangerous to self or others.
4. Avoid the use of force unless there is an immediate danger to the individual or others.
5. Use communication tactics that may calm the individual before using tactics that represent confrontation.
6. Use the lowest level of force necessary as well as a method of restraint that would not cause asphyxia.
7. If a use of force or restraints are needed give Midazolam 2.5 mg IM first if at all possible. If midazaolam is unavailable, may use lorazepam. Give initial dose of lorazepam 2 mg IM, if no response within 10 mins, may repeat lorazepam 2 mg IM.
8. If possible release the patient to allow him/her to calm down.
9. Monitor the individual closely if in restraints.
10. Be cautious and aware of potential side effects associated with medications especially those whose side effects include delirium, psychomotor acceleration, impaired mental status, emotional instability or psychotic symptoms.

Nursing Education:
1. It is important to assess for potentially dangerous organic causes of agitation as soon as this can be done safely.
2. There are no prodromal symptoms for this condition.
3. Drug and alcohol intoxication or withdrawal are the two most common causes of severe agitation.
4. Always exercise caution in any behaviorally volatile setting. These patients are an extreme risk to themselves and others.
5. Risk Factors—May have history of one or more:
   - higher incidence in summer months
   - male usually in their earlier 30s (under 20 or over 50 less likely)
   - illegal substances potentially involved (stimulants the most common)
   - may have history of mental illness (schizophrenia most common)

Excited Delirium:

- Rapid tranquilization may be required in the agitated or violent patient. A treatment algorithm outlining our approach to chemical sedation of the acutely agitated patient, including specific medication suggestions, is provided (algorithm 1).
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APPROVED:

Medical Services Manager  Date

Chief Medical Officer  Date

Clinical Medical Director  9/5/2018

Effective Date: ____________________________
Revised: September 2018
Supersedes: January 2018
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**MIDAZOLAM**
**(VERSED®)**

**PLACE IN THERAPY:**

*Excited Delirium* - In general, benzodiazepines are preferred when sedating agitated patients from an unknown cause. Midazolam and lorazepam are used most often; however, lorazepam injectable requires refrigeration so it is not a feasible option for our emergency boxes (“E-boxes”). Midazolam is an effective sedative with a more rapid onset than lorazepam but a shorter duration of action (1 to 2 hours).

*Status Epilepticus* – Benzodiazepines are considered first-line treatment for convulsive status epilepticus because they control seizures rapidly. Midazolam is the preferred benzodiazepine for IM administration. It is very effective at terminating seizures rapidly (often in less than 1 minute), but it has a short half-life (1.8 to 6.4 hrs, mean= 3 hrs).

**DOSE:** 2.5 mg IM per both the excited delirium and seizure nursing protocols

**ADMINISTRATION:** Should be injected undiluted deep into a large muscle mass. Do NOT administer intraarterially.

**ADVERSE EFFECTS:** Respiratory depression, excessive somnolence, hypotension, tachyphylaxis (diminished response with successive doses), and less commonly, paradoxical disinhibition

**MONITORING:** Respiratory rate, heart rate, blood pressure, pulse oximetry (when possible)

**HOW SUPPLIED:** Will be supplied as 10 mL multi-dose vials (MDVs) with 5mg/mL

**STORAGE:** Controlled room temperature between 20 and 25 degrees C (68 to 77 degrees F)

**IMPORTANT:** In an effort to avoid the challenges associated with monitoring inventory with a MDV, please treat vial as a single-dose vial (SDV) and destroy after use as outlined in Policy and Procedure # P- D-02.12 (DISPOSAL OF DISCONTINUED, DAMAGED OR EXPIRED DEA CONTROLLED AND STAFF CONTROLLED MEDICATIONS).

