Hyperactive Delirium with Severe Agitation

Use of this protocol should trigger concern for shock, respiratory distress, and/or cardiac arrest.
The goal is to limit patient exertion, inhibition of chest wall/diaphragm during respirations, and time being restrained.
Prolonged struggle increases the chance of patient death.

[5]Signs of Hyperactive delirium with severe agitation:

- High body temperature
- Profuse sweating
- Incoherent speech
- Dilated Pupils
- Nakedness
- Running into traffic
- Mirror/glass attraction
- Inconsistent breathing
- Instant tranquility

Approach patient calmly
Attempt verbal de-escalation
Remove/limit unnecessary stimulation

Routine Medical / Trauma Care

Sedate with a single agent:

(1) **Midazolam** 5mg IV/IM or

(2) **Diazepam** 5mg IV/IM

If agitation persists after 5 min,
sedate with same class of drugs as initial agent:

(1) Repeat **benzodiazepine** at the **same** dose

- Apply cardiac monitor (including $EtCO_2$ monitoring) ASAP
- Give high-flow O_2 via NRB mask
- Anticipate respiratory depression and need for ventilatory support

Give cold **Crystalloid Fluid bolus** 1L IV/IO
if no indication of CHF or pulmonary edema

Measure temperature; cool via **Hyperthermia** protocol if > 104°F
Look for underlying medical cause(s) of altered mental status

Cocktails/mixtures of drug classes place the patient at increased risk of arrhythmias and respiratory depression

Patients with Hyperactive delirium with severe agitation are presumed to have a catecholamine surge, either exogenous (ex. drugs), endogenous (ex. sepsis, head injury, hypoxia), or a combination of the two (ex. exertion + cocaine).

This is a medical issue, not behavioral. Patients are likely to develop hyperthermia and severe acidemia due to lactic acidosis.

Hyperthermia has a strong association with mortality.

"Instant tranquility" should also be considered a sign of impending arrest.

For suspected or known underlying psychiatric issues or psychostimulant use or hyperthermia administration of Benzodiazepines

Contact **Medical Control for** additional sedation or consultation

- Keep it simple. Psychotic & stressed patients do not process complicated messages. Do not irritate the patient with a prolonged exam.
- Coordinate closely with law enforcement and aim to initiate sedation at the same time as physical restraints. Restraints should not restrict chest wall motion, compress the neck, or compromise the airway. Never restrain patient in prone position.
- If an hyperactive delirium patient experiences cardiac arrest, they should be given **Sodium Bicarbonate** (2 ampules) early in resuscitation followed by 1 ampule (50mEq) every 10min during the remainder of the resuscitation.