Hyperactive Delirium Syndrome with Severe Agitation

Indications: Patient > 14 years of age who is an imminent physical threat to personnel and/or themselves and level of agitation is such that transport may place all parties at risk. Hyperactive delirium syndrome with severe agitation. is a life-threatening constellation of symptoms including, but not limited to, severe agitation and vital sign abnormalities (tachycardia, hyperthermia). These patients are usually an imminent physical threat to personnel and/or themselves.

Treatment

1. Ensure ALS response.
2. Follow **General Pre-hospital Care-Treatment Protocol**
3. Ensure appropriate personnel available to provide patient and provider safety. Refer to **Patient Restraint-Procedure Protocol.**
4. Obtain history, when possible, perform visual patient assessment, looking for cause of behavior (i.e., visible trauma, stroke symptoms, etc.). If an alternate cause of the behavior is likely, transition to the **Altered Mental Status-Treatment Protocol** or other applicable protocol.
5. For patients who are uncontrollably agitated despite de-escalation techniques, prepare for airway management, and administer per MCA selection:

Per MCA Selection
☑ **Ketamine** 4 mg/kg IM maximum single dose 500 mg (3-5 minute onset)
or
☐ **Midazolam** 10 mg IM/IN

6. Once adequate sedation is obtained:
   a. Continuously monitor SpO2
   b. Monitor and capnometry- **see End Tidal Carbon Dioxide Monitoring-Procedure Protocol**.
   c. Obtain temperature.
      i. If hyperthermic (temp >38° C or 100.4 F) provide cooling via ice packs to neck, axilla groin and/or fluids to skin while promoting evaporation (air movement).
   d. Establish IV per the **Vascular Access and IV Therapy-Procedure Protocol** and provide fluid bolus of up to 1 L of **NS** or **LR**. Reassess the patient, repeat boluses to a maximum of 2 L **NS** or **LR** as long as vital sign abnormalities persist.
      i. Monitor for pulmonary edema.
      ii. If pulmonary edema presents, stop fluids and contact Medical Control for direction.

e. Monitor EKG
f. Consider 12-lead if any evidence of hyperkalemia (peaked T waves, prolonged PR, widened QRS). 12 Lead (Per MCA selection, may be a BLS or Specialist procedure) follow **12 Lead ECG-Procedure Protocol**.

7. Continuously monitor patient, for potential need of airway management and treatment of hemodynamic compromise.
8. Contact medical control if additional sedation is required.

Medication Protocols
Ketamine
Midazolam