Excited delirium: emergency medical considerations

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Excited delirium: emergency medical considerations

Aims

• What it is
• Why it matters
• What the media thinks and says
• What the Emergency Department (ED) does
• What the Ambulance (EMS) should do
• What the Police could do
• What the Pathologist / Coroner might do ...
Excited delirium (syndrome)

What it is: Definition

- No current standardised case definition!
Excited delirium (syndrome)

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- Delirium, psychomotor agitation and physiologic (adrenergic) excitation
- In setting acute on chronic drug abuse; or serious mental illness
- May cause sudden death
- Term first coined in 1985 (J For Sci 1985)

Excited delirium (syndrome)

What it is: Clinical features

- Delirium, psychomotor agitation and physiologic (adrenergic) excitation
- Disturbed consciousness (i.e. altered mental status)
- Incoherent
- Inability to focus / sustain attention
- Failure to recognise / respond to police presence
Excited delirium (syndrome)

What it is: Clinical features

- Delirium, psychomotor agitation and physiologic (adrenergic) excitation

- Erratic or bizarre behaviour (disrobed, running in traffic etc.)
- Violent behaviour
- Unusual physical strength
- Impervious to pain
- Ongoing struggle despite futility
Excited delirium (syndrome)

What it is: Clinical features

- Delirium, psychomotor agitation and physiologic (adrenergic) excitation
- Sweating / hyperthermia
- Fast pulse and breathing (tachycardia / tachypnoea)
- Hypertension
- Muscle breakdown (rhabdomyolysis)
- Metabolic acidosis (↑ serum lactate and potassium)
Excited delirium (syndrome)

Why it matters

- Unexpected sudden death (< 10%) - ‘go quiet’
Excited delirium (syndrome)

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- Often during struggle with police (LEO)
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Why it matters

- Unexpected sudden death (< 10%) – ‘go quiet’
- Often during struggle with police (LEO)
- Use of restraint (prone positioning / LVNR / Taser™ / capsicum / handcuffs / hogtie etc.)
Excited delirium (syndrome)

What the media says

• “Police caused the death”
• “Conspiracy / cover-up” (Taser International: USA)
• “Excuses and exonerates excessive use of force”

[Images of police and a sign reading “Police Brutality? It Could Just Be Excited Delirium”]
Excited delirium (syndrome)

What the ED does

- Medical emergency: team approach
  - *Immediate* IV sedation (occ IM)
  - IV midazolam (benzodiazepine) – dose is ‘enough’
  - Render lightly asleep – full Resus Room monitoring
Excited delirium (syndrome)

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- Look for underlying cause(s)
  - Infection / stimulant drug toxicity +/- alcohol / head trauma / hypoxia / metabolic disorder (↓ blood sugar) / heat stroke / neuroleptic malignant or serotonin syndrome / (psychiatric)
Excited delirium (syndrome)

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- Symptomatic treatment
  - IV fluids / cooling / sodium bicarbonate / continued sedation
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- **MEDICAL admission- not discharged / psychiatric (yet)**
Excited delirium (syndrome)

What the ambulance (EMS) should do

- Medical emergency:
  - *Immediate* despatch – recognise dangerous situation
  - Cooperate with police – maintain careful restraint
  - Urgent transport to hospital
  - Check blood sugar
  - Oxygen / fluids
  - (IV / IM sedation)
Excited delirium (syndrome)

What the police (LEO) could do

- **Situational emergency:**
  - Immediate despatch – recognise dangerous situation
    - males / mid-30s / agitated and combative / sweating
  - Call for police back-up
  - Call for ambulance early ‘medical emergency’
  - Minimise restraint(s) / ‘struggle time’
  - Refer all to hospital
Excited delirium (syndrome)

What the Pathologist / Coroner might do

- Make *descriptive* conclusion concerning sudden death
Excited delirium (syndrome)

What the Pathologist / Coroner might do

• Make descriptive conclusion concerning sudden death

• Recognise wide medical differential diagnosis / factors
  • make exhaustive search for underlying factors
  • pathologist finds no specific cause (except low drug levels)
  • ‘diagnosis of exclusion’
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• Acknowledge lack of a serological / molecular / genetic / anatomic definition or ‘test’
• Until then, keep term general such as:
  “sudden death during or associated with restraint”
(A. Reid)
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Conclusions

• Does excited delirium exist as a separate disease?
Excited delirium: emergency medical considerations

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  - UNLIKELY
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• Can it be better defined, identified and treated?
Excited delirium: emergency medical considerations

Conclusions

• Does excited delirium exist as a separate disease?
  • UNLIKELY

• Does excited delirium exist as a separate syndrome?
  • UNCERTAIN

• Can it be better defined, identified and treated?
  • DEFINITELY...