

B076 HYPERACTIVE DELIRIUM WITH SEVERE AGITATION

EMT	AEMT	EMT-I	Paramedic
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Hyperactive Delirium with Severe Agitation

Agitated patients who pose serious bodily harm to self/others may have the following symptoms: paranoia, disorientation, hyper-aggression, hallucination, tachycardia, diaphoresis, increased strength, hyperthermia

Sedate and Restrain

- Administer:
 - 2 mg Ativan IM (up to 3 doses)
 - Or
 - 10 mg midazolam IM
 - Or
 - Ketamine 5 mg/kg IM or droperidol

Goal is rapid tranquilization in order to minimize threat to patient and provider

Restraint protocol

- Maintain airway
- High flow oxygen
- Capnography and SPO2 monitoring
- Start 2 large bore IVs
- Administer 2 L NS bolus
- Check blood glucose
- Cardiac monitoring
- Rapid transport

Complete post sedation protocol

Assume the patient has a medical cause of agitation. Evaluate for and treat reversible causes, see altered mental status protocol.

If still significantly agitated 5 minutes after medication,
Contact Base

Special Considerations

- Give sodium bicarbonate if QRS > 120 or cardiac arrest.

Adequate Sedation

- The goal of sedation is to ensure safety to patient and provider and allow for adequate evaluation and treatment of underlying causes.
- Agitation that does not compromise patient/provider safety or interfere with evaluation and treatment does not require additional sedation.