

Acute Agitated (Excited) Delirium

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30 Second Review

Acute Agitated (Excited) Delirium

RN, LPN

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
- 2) Administer Ativan 4 mg. IM (this may include physical control of the patient with later release to calm down).
- 3) Provide cool environment
- 4) Cardiac arrest protocol if necessary
- 5) 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:

1. Not able to communicate.

Objective:

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:**
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 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 force or restraints are used give Ativan 4 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:

There are no prodromal symptoms for this condition.

If the patient has coherent verbal skills, symptoms may be behavioral, and not a true medical emergency. Always exercise caution in any behaviorally volatile setting.

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 (cocaine is the most common)
- may have history of mental illness (schizophrenia most common)

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APPROVED:

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Date

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2/24/2015

Medical Director

Date

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