

Excited Delirium

Published Definition:

- "A state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, hostility, exceptional strength and endurance without apparent fatigue*"
- Also called "in custody death syndrome"

(*Morrison & Sadler, *Med Science and Law* 2001; 41(1): 46)

Bell's Mania

- Acute onset of symptoms
- Mania
- Violent Behavior
- Need for Restraint
- Refusal of Food
- Inability to sleep
- Fatigue deteriorating to exhaustion and circulatory collapse.

1849 Dr. Luther Bell. McLean Asylum for the Insane, Somerville Mass.

History

Bell's Mania 1849

- Taught as medical issue within institutions

Psych. Medications

- 1950's and 1960's
- Patients "stabilized" by medications are released into the community
- Syndrome no longer taught since it was "cured" by medications

Stimulant Abuse

- Cocaine 1980's
- Methamphetamine 1990's
- Syndrome resurfaces as acute onset crisis,
 - first responders

History

Lateral Vascular Neck Restraint

- 1982 Police "Choke Holds"
- Death from Law Enforcement Neck Holds
 - American Journal of Forensic Medicine and Pathology 1982 3(3) 253-258

Positional Asphyxia

- Dr Reay
- Effects of Position Restraint on Oxygen Saturation...
 - 1988 Am Journal of Forensic Med Pathology 9(1) 16-18
- Positional Asphyxia during Law Enforcement Transport
 - 1992 Am J Forensic Medical Pathology 13(2)90
- Dr. T. Neuman, Chan, et al USC – San Diego,
 - Society of Academic Medicine, v4 pg 459.

OC Spray

- 1994 DOJ study

Taser

Media is selling this as a problem with police tactics

Sudden Unexpected Death

- In Custody Death Syndrome
- Police Custody Death Syndrome
- Agitated Delirium
- Manic Exhaustive Syndrome
- Cocaine Psychosis
- Cocaine-Associated Rhabdomyolysis
- Excited Delirium
- Sudden Custody Death Syndrome
- Acute Exhaustive Mania
- Drug Induced Excited Delirium (D.I.E.D)

Excited Delirium

- Extreme agitation, disorientation, paranoia
- Hyperthermia (overheating) sweating, seeking water, inappropriate or no clothing.
- Bizarre and/or aggressive behavior
- Shouting or Keening (animal noises)
- Paranoia
- Panic
- Violence towards others
- Unexpected physical strength
- Insensitivity to pain
- Sudden tranquility

Drugs??

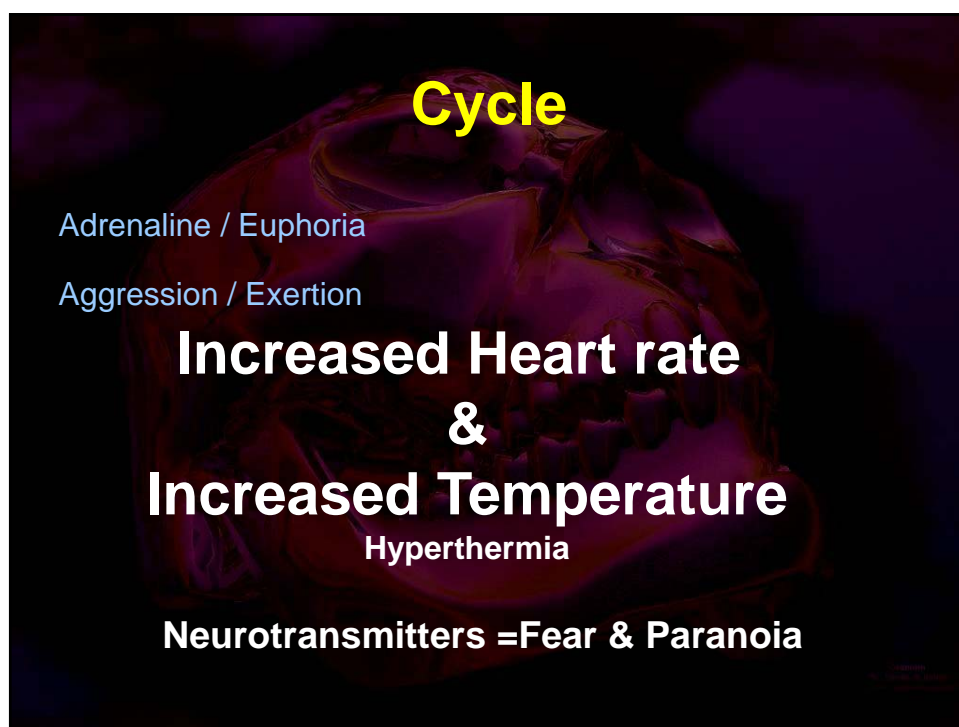
- Stimulant Drugs
 - Cocaine,
 - Methamphetamine
 - Ecstasy
 - PCP
 - LSD
- Withdrawal
 - Lithium and other psych meds
 - Alcohol
- Psychosis (psychiatric disorder)

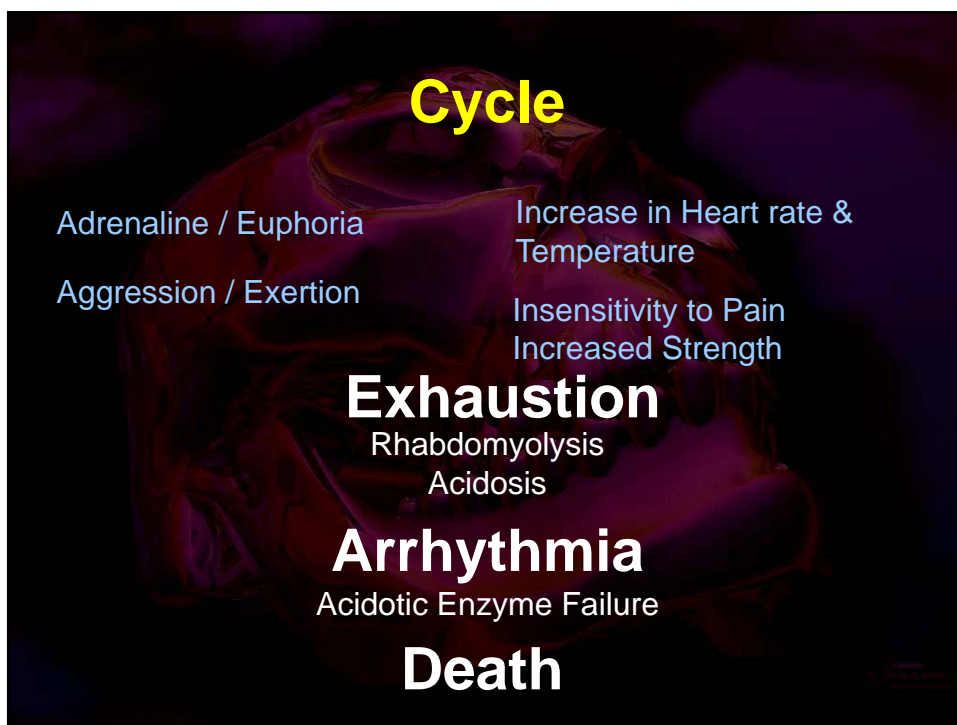
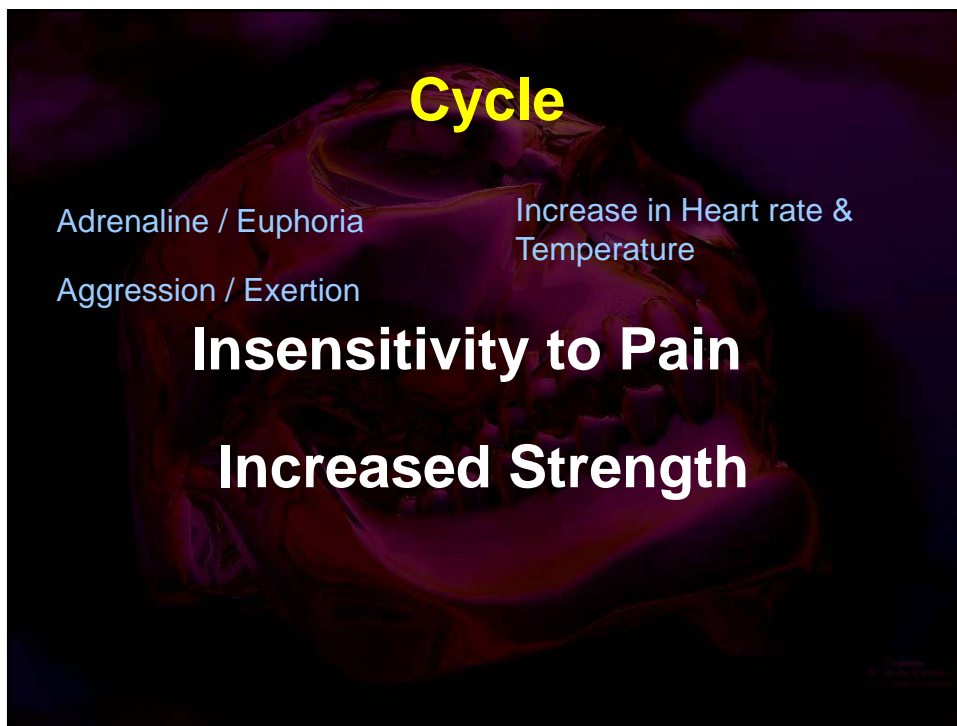
Acute vs. Chronic

- Cocaine
 - Overdose = 6mg per Liter of Blood
 - » Fast Acting minutes to hours
 - Delirium as low as .6mg per Liter of Blood
 - » Chronic use, days

Cycle

Adrenaline / Euphoria





Excited Delirium

- Rhabdomyolysis
- Toxicity levels below lethal dose
- Restraint without sedation can increase potential lethality
- Extended exertion/fight increases potential for lethality
- Temp of 106 or greater requires medical intervention
- Once in final stages of excited delirium death will result without medical intervention

IACP criteria (Granfield, International Association of Chiefs of Police)
1994

Intervention

Dispatch

- Stage Fire/Dual Response

• Arrival

- If possible assess at a distance
- Call back-up as needed
- Coordinate fire response

Contact

- Establish decisive control
 - The longer the fight, the greater chance of lethality
- Without restraint, treatment is not possible
 - Maximize ventilation once restrained
 - Medics assess as soon as possible.

Medic Response – Violent Patient