

Excited Delirium

Facilitator Guide

Session Overview

Introduction & Learning Objectives	10m
GROUP EXERCISE – Excited Delirium Scenarios	40m
Break	10m
MEDIA – Excited Delirium Video(s)	15 - 30m
Discussion	remaining time
End of Session / Break	10m

Total Session Time: 2 hours

Main Topics of Session:

- *What is “Excited Delirium”*
- *Signs and Symptoms*
- *Handling Excited Delirium Incidents*
- *Department Policy Regarding Excited Delirium Incidents*

Facilitators Needed: 1 (DT)

Location: Classroom

Materials Needed:

- *HANDOUT - Excited Delirium Exercises*

Students Should Already Have:

[THUMB DRIVE]

- *HANDOUT - Police One Article - Excited Delirium*
- *HANDOUT – Excited Delirium Signs & Symptoms*



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SAY TO CLASS

In this session, we will consider Excited Delirium, a specific type of in-custody condition/death that, although rare, can become very high-profile as well as emotionally and financially costly for departments and officers involved. While subjects suffering from Excited Delirium may be acting in a violent and criminal way, they are in fact in need of medical attention. Withholding medical attention may increase the probability that the subject may die.

- Define 'Excited Delirium'
- List 3 common or likely behavioral characteristics associated with Excited Delirium
- Describe at least 5 typical signs associated with Excited Delirium.
- List the 3 strategies for handling Excited Delirium cases
- Discuss why an LVNR may be one of the best tactics to control an Excited Delirium subject

- Rare but very serious and dangerous

- Learning Objectives



STUDY

STUDY MATERIAL - HANDOUT – Excited Delirium Signs & Symptoms [THUMB DRIVE]
- HANDOUT – Police One Article - Excited Delirium [THUMB DRIVE]

Instructions: These handouts are in your Module 9 Study Guide. Refer to them during the remainder of this Session.



GROUP EXERCISE - Excited Delirium Scenarios

Time: 40 min (5 prep /10 work /25 class discussion)

- Materials:
- HANDOUT - Excited Delirium Exercises
 - Easels & Pens

Instructions: Each squad has been given a different written scenario. Your squad has 10 minutes to write on your easel all the signs and symptoms you detect within your scenario. Write the list on your easel and be prepared to explain to the class.

NTF: After the squads have worked for 10 minutes, have each squad present their scenario and explain the signs & symptoms present for 5 minutes (25 minutes total discussion time).



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NOTE TO FACILITATOR

Signs and Symptoms of Excited Delirium

Excited Delirium presents as a cluster of physiologic and behavioral symptoms which include:

1. Bizarre and violent behavior
2. Hyperactivity
3. Shedding clothes or nudity
4. Aggression
5. Attraction to glass (smashing glass is common)
6. Foaming at the mouth
7. Drooling
8. Sweating
9. Dilated pupils
10. Incoherent shouting or nonsensical speech
11. Grunting or animal-like sounds while struggling with officers
12. Unbelievable strength
13. Imperviousness to pain
14. Ability to offer effective resistance against multiple officers over an extended period of time
15. Hyperthermia (temperatures can spike to between 105-113°F)

Symptoms of Excited Delirium

1. Extreme paranoia
2. Hallucinations
3. Confusion or disorientation



BREAK



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MEDIA

- Show one or more video clips of subjects with excited delirium
- Discuss the clips after each one



DISCUSSION

1. What are the typical causes for Excited Delirium?
 - Psychoses
 - Alcohol withdrawal
 - Drugs – usually stimulants i.e. cocaine, Meth, PCP
2. How does the subject LOOK?
 - Naked? Hot? Sweating?
 - Crazy? Describe
3. What are they doing - how are they usually acting - why was LE call?
 - Speaking incoherently?
 - Attacking glass or water?
 - Can you assess their strength BEFORE you touch them?
4. What might a dispatch call that has a high potential to be a case of Excited Delirium sound like or contain?
 - list or prompt with points/signs of Excited Delirium
5. What type of questions might you ask dispatch to obtain more information?
6. What type of questions might you ask the RP to obtain more information?
 - On or off drugs
7. How would you contact the subject? Or would you avoid contact? If so, for how long? What would lead you to make contact if no back up were available?
8. What type of instructions/information might you relay to your backup or EMS?
9. How effective are pain compliance tactics on Excited Delirium subjects? What have you been taught that you would employ and why?
10. Are your efforts at control working - are they responsive to pain? As the responding officer, questions to ask yourself:
 - How long has the struggle last?
 - How many officers have they been able to defeat?
11. Does your department have a policy for this kind of situation? What does it say?



BREAK/END OF SESSION

