

Montgomery County Fire and Rescue Service

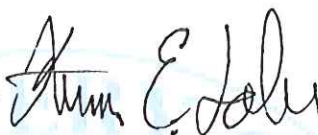
Fire Chief's General Order

NUMBER: 13-17

December 23, 2013

TO: All MCFRS Personnel

FROM: Fire Chief Steven E. Lohr



SUBJECT: Excited Delirium

MCFRS and Montgomery County Police Department representatives have agreed to the guidelines below to manage patients who exhibit Excited Delirium (ExD), since both Departments respond for apparent ExD patients suffering adverse consequences after being subdued and/or tazed. To avoid future problems, the new procedures below will be implemented.

- **Staging:** All MCFRS units should continue staging on suspected or confirmed ExD calls due to the violent behavior of the patient. As before, MCPD will confirm that the scene is safe before calling in MCFRS units.
- **Dispatch:** Police ECC will train their call takers and dispatchers to recognize the signs of possible ExD, and Police dispatchers will alert responding MCP officers for suspected ExD patients.
- **Early Discovery:** MCPD will train its frontline personnel in signs of ExD to enable earlier detection of possible ExD. MCP officers also will be trained to call for more back-up and to request FRS ALS resources to stage. This may result in more POL-ALS dispatches, and our EMS Section will monitor this.
- **Restraint/Positioning:** *Never* place patients with suspected ExD in the prone position. Instead, position them to facilitate *continuous observation* of the status of their airway and breathing.
- **Transport:** *Because of the high risk of death, all patients with suspected ExD must be transported to an appropriate facility.* If MCFRS is called to assist MCP with the evaluation of these patients, MCP officers are aware that this will result in transport to a hospital. MCFRS providers should maintain a high index of suspicion of ExD for any patient in police custody who had to be tazed or subdued. Also, a patient who was tazed - **regardless** of the incidence of suspected ExD - **must be transported to an appropriate facility for evaluation.**

Some common situational set-ups and warning signs of ExD include:

- Suspected substance abuse, particularly stimulants including Methamphetamines, cocaine, "uppers", etc.;
- Incoherence or clouding of consciousness;
- Aggression;
- Hyperactivity;
- Increased strength and decreased sensitivity to pain;
- Violent behavior;
- Sense of invincibility, i.e., one person taking on a group ;
- Other signs of sympathetic nervous system discharge, e.g., diaphoresis, tachycardia, hot skin, dilated pupils, etc.;
- Removal of clothing, due to perceived hyperthermia.

A patient who exhibits signs compatible with ExD may experience sudden cardiac arrest and should be considered an ALS patient. They should be transported by an ALS provider and receive cardiac, SAO₂, and EtCO₂ monitoring whenever feasible. ALS providers should also consider using chemical restraint for a physically-restrained patient, especially an ExD patient who meets the indications expressed in the Maryland Medical protocols.

Please contact the EMS Section or the on-duty EMS Duty Officer if you need additional information.

