

Excited Delirium

Deputies occasionally come into contact with individuals who exhibit bizarre behavior. In most situations, the behavior is the result of alcohol intoxication, drug use, mental illness or a combination of these factors. However, in some instances, erratic, unexplained behavior may be associated with a medical condition known as *excited delirium*, which may be fatal in some instances. The ability to identify and respond to excited delirium can reduce the potential for injury to victims.

Definitions

Excited delirium is a term that refers to a behavioral condition in which a person exhibits extreme agitation and non-coherent behavior. It is a **potentially life-threatening medical emergency**. It is characterized by a disturbance of the consciousness that can develop over a short period of time (usually hours to days) accompanied by a change in cognitive response. The condition can be caused by several factors including chronic drug use, substance withdrawal and mental illness.

Symptoms

While deputies do not have expertise to differentiate between excited delirium and other episodes of bizarre behavior, they are capable of recognizing symptoms of a potential medical emergency. If deputies believe that a person may be in an excited delirium state, they should treat the person as if he or she is in **medical crisis** and summon medical aid.

Excited Delirium presents as multiple physiological and behavioral symptoms, to include the following:

- Agitation
- Aggressiveness
- Unusual strength
- Paranoia
- Endurance without fatigue
- Sweating
- Hyperthermia (elevated body temperature)
- Confusion/Disorientation
- Hallucinations
- Hyperactive behavior
- Extreme mood swings
- Shouting
- Growling and/or grunting
- Fear and/or panic
- Violence directed at objects
- Incoherent/nonsensical speech
- Disrobing or nudity
- Insensitivity to pain

Use of Force and Custody Considerations

Providing medical attention to a person with excited delirium normally necessitates taking the person into custody. The nature of excited delirium and its effects on the human body are such that prolonged struggling may worsen this medical condition. Deputies should be aware that it is possible for a person in a state of excited delirium to die, even when deputies take all reasonable precautions. If it becomes necessary to subdue a person who is believed to be in an excited delirium state, deputies should attempt to

minimize prolonged exertion by the person due to his or her struggling and seek immediate medical aid once the scene is secure.

Deputies should consider all available force options and control techniques, understanding that persons experiencing excited delirium often demonstrate unusual strength, insensitivity to pain and resistance to being physically restrained. Deputies should employ reasonable and necessary force to protect themselves and others, and to take the person into custody.

Response

Deputies arriving on scene must assess the situation and determine if a person is exhibiting symptoms of excited delirium. Deputies who suspect a person is in a state of excited delirium should immediately notify dispatch over the radio that an “excited delirium” or “possible excited delirium” situation is occurring and request that medical aid respond and stage.

Persons Posing Immediate Danger

If the person poses an immediate risk to themselves or others, deputies should use reasonable and necessary force to take him or her into protective custody. Whenever possible, deputies should do so quickly and with overwhelming force to minimize the intensity and duration of any resistance.

Persons Not Posing Immediate Danger

If the person does not pose an immediate risk to themselves or others, deputies should:

1. **Contain** the person while maintaining a safe distance and removing potential victims from the area.
2. **Attempt to gain** the person’s **voluntary compliance** by:
 - a. Attempting to engage the person in conversation, speaking in a calm, reassuring manner. Speech should be slow, simple and direct. Refrain from shouting and giving rapid orders.
 - b. Attempting to have the person sit down, which may have a calming effect.
 - c. Refraining from making constant eye contact, as this may be interpreted as threatening.
 - d. Repeating statements and questions several times when necessary, as the person may be suffering from hallucinations or be delusional, causing them to be fearful or confused.
 - e. When it can be done safely, enlisting the help of a family member or other person who has a rapport with the affected individual.
3. **Formulate** a custody plan prior to making physical contact. Once a sufficient number of deputies are present and when it has been determined that physical force is necessary to control the person, deputies must **execute the plan** quickly and with overwhelming force to minimize the intensity and duration of any resistance.
4. **Summon** medical personnel once the scene is secure. Until medical personnel take over primary care of the person, deputies should keep the restrained person under constant observation. Deputies should monitor the person’s breathing and adjust the person’s position to maximize their ability to breathe. Deputies should avoid having the person lying on their stomach and/or exerting excessive downward pressure on their upper torso.

Medical Attention

[See also Use of Force policy – Post-Use of Force Actions (Medical Attention)]

Deputies should ensure that persons who have been exhibiting signs of excited delirium are transported to the hospital for medical evaluation and treatment. Deputies should coordinate with medical personnel who transport such persons, as it may be necessary to assign one or more deputies to assist with the transport.

If a person dies suddenly while exhibiting signs of excited delirium or while in custody, deputies should ask medical personnel to obtain and record the person's *core body temperature* as soon as possible. Core body temperature measured around the time of death can help the medical examiner determine what physiological factors may have led to the person's death.