APD Roll Call
Excited Delirium Refresher

- May 27, 2009
Excited Delirium defined

“...a state of extreme mental and physiological excitement, characterized by extreme agitation, hyperthermia, hostility, exceptional strength and endurance without apparent fatigue”

(MORRISON & SADLER, 2001)
In simple terms

- Sympathetic nervous system activation
- Chemicals are pumped into the body
- Primal fight or flight response
- The body can only function this way for a limited time
- Analogous to putting your car in park and pressing the accelerator to the floor
- If it does not slow down eventually you will find a weak point in the “engine”
Profile of the at risk person

- The causes of the excited or agitated state vary but the subjects’ presentations are usually quite similar.
- When you study all the facts after the event they “read like a script.”
- Why do we fail to recognize this condition?
- Lack of training
Recognizing behaviors

- **Bizarre**, violent, aggressive behavior
- Violence toward objects
- Attack/break glass *(windows and mirrors)*
- Overheating/excessive sweating or very dry *(Body shut down perspiration production because of over demand on system)*
- Public disrobing –partial or full *(cooling attempt)*
- Extreme paranoia
- Incoherent shouting *(animal noises or loud pressured speech)*
Recognize behaviors cont.

- **Unbelievable strength**
- **Undistracted by any type of pain** (Including broken bones and damaged limbs. Can easily overpower lone officer)
- **Irrational physical behavior**
- **Fight or flight behavior** (Subject perceives attempts to restrain as threat to his existence. It is a primal sympathetic nervous system response)
- **Hyperactivity**
- **“Bug Eyes”** (They look “nuts”)
Response to control attempts

- Expect one of two responses
- They will fight you
- They will flee from you or fight to flee
- Avoid a one on one confrontation
- Usually able to overpower one or two officers
911 call to Police about a man standing in the street partially naked and/or acting “bizarre”

Obvious to officers that subject will resist

Struggle ensues with multiple officers: May involve O.C., choke holds, baton, ECD, “swarm technique”

Physical restraints applied: Handcuffs/Hobbles

Struggle continues or escalates after restraint

Placed in squad for transport to jail (if you fight with the cops you go to jail)
Typical incident continued

- **Apparent resolution period**
  - Subject becomes calm or slips into unconsciousness (officers believe the subject is faking or has finally calmed down)
  - Labored or shallow breathing
  - Followed unexpectedly by **death**
  - Even when death occurs in the care of paramedics or at E.R. resuscitation fails
In–custody deaths

- LE gets called when the subject suddenly acts bizarre and gets out of control.
- The resulting bizarre behaviors are caused by the on-going mental/chemical/medical problems.
- By the time the bizarre behavior occurs they are a long way into the crisis. The “dominos are already falling”
- It is too late to start planning your EMS and LE response protocol.
What should we do?

- Get EMS on the way prior to confrontation if possible (emergency response)
- Avoid confrontation if at all possible
- Attempt to contain/isolate the subject without confrontation
- Attempt verbal de-escalation
- Have as many backup officers as possible
Reality

- Bizarre/violent behaviors most often will require confrontation and restraint
- Restraint can make the problem worse
- Without restraint this medical emergency can not be treated
- Get the fight over quickly (i.e. TASER, swarm)
- Pain compliance techniques will not work
- EMS protocols and transport to the hospital