

APD Roll Call

Excited Delirium Refresher

- ▶ May 27, 2009

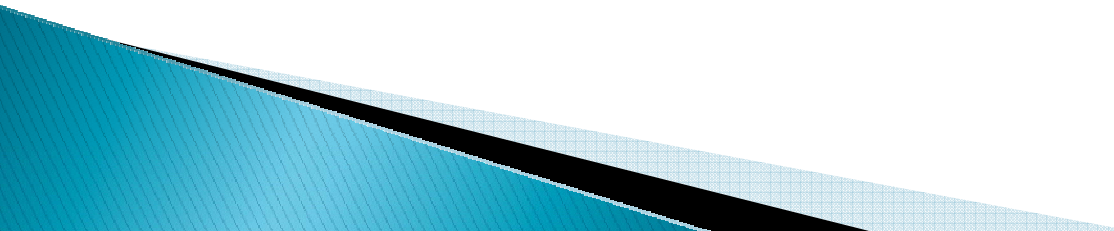
Excited Delirium defined

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

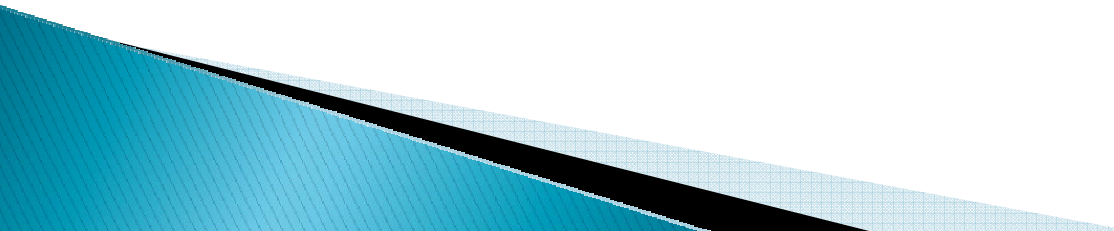
(MORRISON & SADLER, 2001)



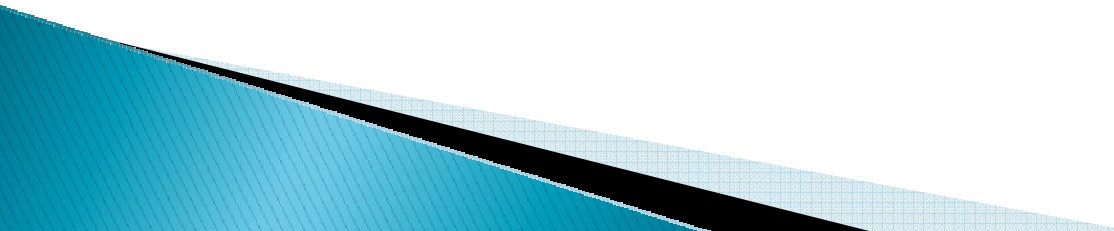
In simple terms

- ▶ 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”
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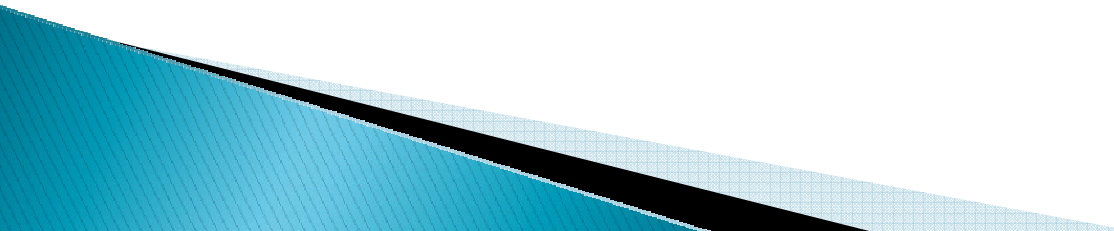
Profile of the at risk person

- ▶ 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
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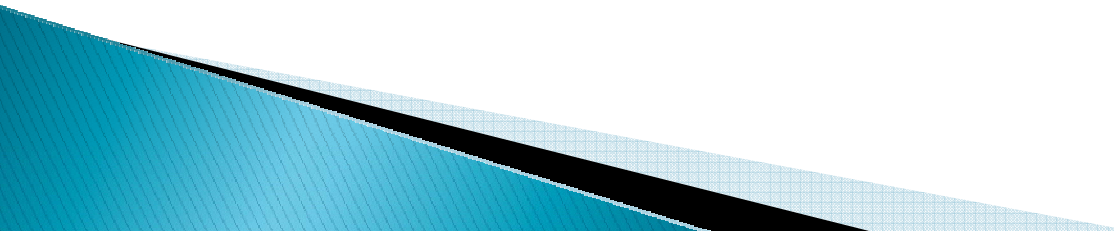
Recognizing behaviors

- ▶ **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)
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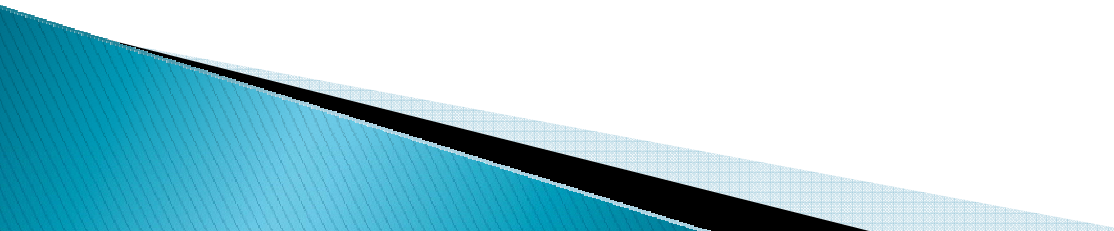
Recognize behaviors cont.

- ▶ **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”)
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Response to control attempts

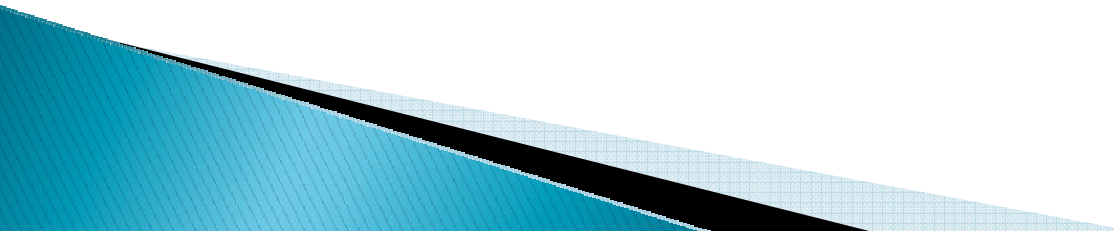
- ▶ Expect one of two responses
 - ▶ They will fight you
 - ▶ They will flee from you or fight to flee
 - ▶ Avoid a one on one confrontation
 - ▶ Usually able to overpower one or two officers
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Typical incident

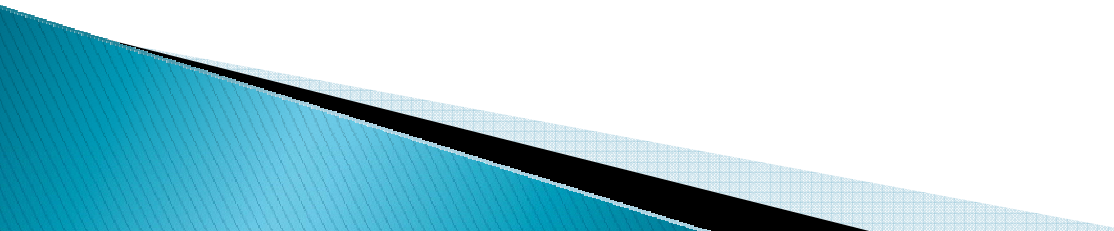
- ▶ 911 call to Police about a man standing in the street partially naked and/or acting “bizarre”
 - ▶ Obvious to officers that subject will resist
 - ▶ Struggle ensues with multiple officers: May involve O.C., choke holds, baton, ECD, “swarm technique”
 - ▶ Physical restraints applied: Handcuffs/Hobbles
 - ▶ Struggle continues or escalates after restraint
 - ▶ Placed in squad for transport to jail (if you fight with the cops you go to jail)
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Typical incident continued

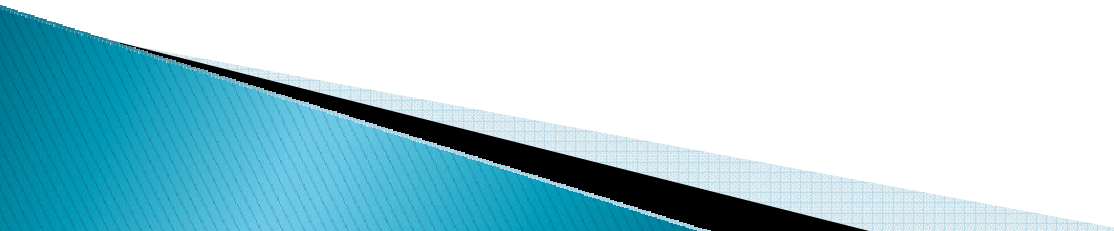
▶ Apparent resolution period

- 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
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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
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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
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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
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