



## Recognizing the Medical Condition of Uncooperative and Combative Victims ("Excited Delirium Syndrome")

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**Learning Objective:** The student will understand the need to identify and respond to excited delirium syndrome (ExDS).

**M**any responders have had experience with combative, uncooperative patients during their careers, but few have had experience with a patient of incredible strength and combative behavior who suddenly dies in their care. Unfortunately, these incidents usually result in liability and lawsuits for the providers and agencies, not to mention negative press and public relations.

Those who call 911 for assistance expect responders to be prepared for virtually every situation, all without knowing the circumstances or medical history of a complete stranger. With most medical and trauma-related emergencies, the responders do a fantastic job of providing care through evaluating outward signs and symptoms and implementing established medical protocols. However, when dealing with an uncooperative, combative patient, it becomes a significant challenge to determine the exact medical condition. Most often, law enforcement officers are called to deal with this type of patient, all too often with tragic results.

In 2009, the American College of Emergency Physicians (ACEP) published a white paper on ExDS, giving a name to this type of medical emergency. This was in response to numerous cases of in-custody deaths following restraint of the patients. The paper describes the patients in the following terms: More than 95 percent of all published fatal cases are males with a mean age of 36. These subjects are hyperaggressive with bizarre behavior, and they are impervious to pain, combative, hyperthermic and tachycardic. There is typically a struggle with law enforcement that involves physical force, noxious chemicals, or the use of an electronic control device, followed by a period of quiet and sudden death. The majority of cases involve stimulant abuse, most commonly cocaine, though methamphetamines, PCP and LSD have also been described. At least in the setting of cocaine use, the episode of ExDS usually appears to occur in the context of a cocaine binge that follows a long history of cocaine abuse.

In a review of numerous cases described as excited delirium, ACEP identified the following characteristics of the patients:

- Male subjects, average age 36.
- Destructive or bizarre behavior generating calls to police.
- Suspected or known psychostimulant drug or alcohol intoxication.
- Suspected or known psychiatric illness.
- Nudity or inappropriate clothing for the environment.
- Failure to recognize or respond to police presence at the scene.
- Erratic or violent behavior.
- Unusual physical strength and stamina.
- Ongoing struggle despite futility.
- Cardiopulmonary collapse immediately following a struggle or very shortly after quiescence.
- Inability to be resuscitated at the scene.
- Inability for a pathologist to determine a specific, organic cause of death.
- Attraction to glass or reflective surfaces.

Because of the patient's strength and lack of response to pain, physical restraints are often ineffective and may contribute to or accelerate a negative patient outcome. ACEP recommends that communities prepare their emergency responders to work together as a team and develop response and treatment protocols to successfully care for the patient.

### Summary

ACEP has written a white paper defining a medical condition called ExDS. The paper recommends that emergency responders, police, fire and Emergency Medical Services should take specific precautions as they approach and care for those who have ExDS. Emergency responders should develop protocols and procedures to work as a team in caring for and, as necessary, chemically restraining those who have ExDS. For further information regarding ExDS, see ACEP's white paper at [https://www.academia.edu/1131068/ACEP\\_Excited\\_Delirium\\_White\\_Paper\\_Contribution\\_via\\_CA\\_Hall\\_MD\\_FRCPC](https://www.academia.edu/1131068/ACEP_Excited_Delirium_White_Paper_Contribution_via_CA_Hall_MD_FRCPC).

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