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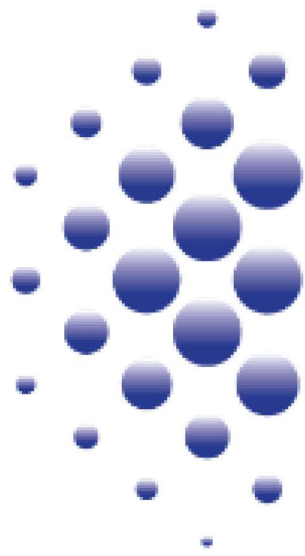
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# Excited Delirium Syndrome: Early Diagnosis Often Saves Lives

Sept 29, 2020

Presented by: John Wallschlaeger  
Facilitated by: Greg Brown

Information based on an original presentation by Captain David J. Nickels, retired



BJA's

# **Comprehensive** Opioid, Stimulant, and Substance Abuse

Program



BJA's

**Comprehensive**  
Opioid, Stimulant,  
and Substance Abuse

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# Webinar Information

This project was supported by Grant No. 2019-MU-BX-K031 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the U.S. Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

# Pre-Webinar Information



Participants will be muted for the duration of the webinar.

Questions and comments can be asked using the question box in the control panel.



Presentation slides, instructor bios, and corresponding resources can be found in the handouts section of the control panel.

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# Post-Webinar Information

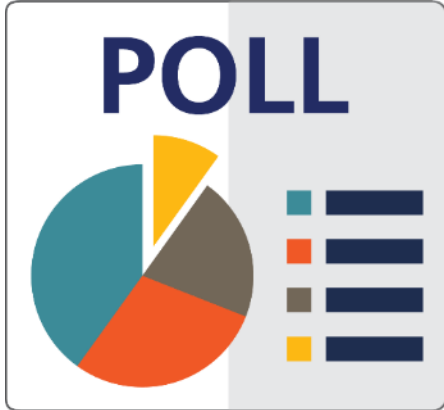
- At the end of the webinar, a short evaluation will appear (pop-up blocker must be turned off).
- A recording of this webinar will be available in approximately 2 weeks at [www.ncjtc.org](http://www.ncjtc.org).
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  - ✓ Attend the entire live webinar
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# Poll Questions

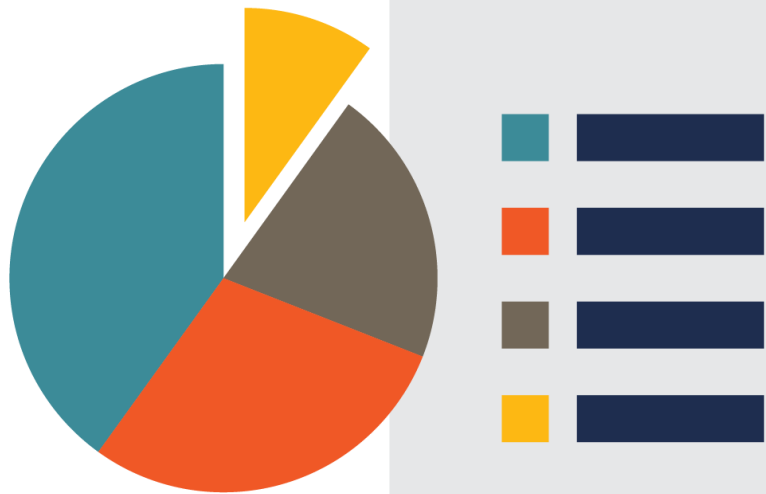
Poll questions may be asked during the webinar.

This is your time to weigh in with your thoughts.



Please respond promptly; polls are open for a short period of time.

# POLL



## Which of the following best describes your role?

- Probation/Parole/Community Corrections
- Law Enforcement
- Victim services, Child Welfare and/or Advocacy Center Staff
- Treatment provider (mental health or substance abuse)
- Other



# Learning Objectives

- ① Define the term Excited Delirium and review the history of the syndrome.
- ② Learn to recognize key symptoms, behaviors, and warning signs.
- ③ Discuss safety measures and recommended protocol for first responders and law enforcement when responding to these cases.



**John Wallschlaeger**  
Associate, NCJTC  
*Presenter*



**Kevin Mariano**  
Project Coordinator, NCJTC  
*Panelist*



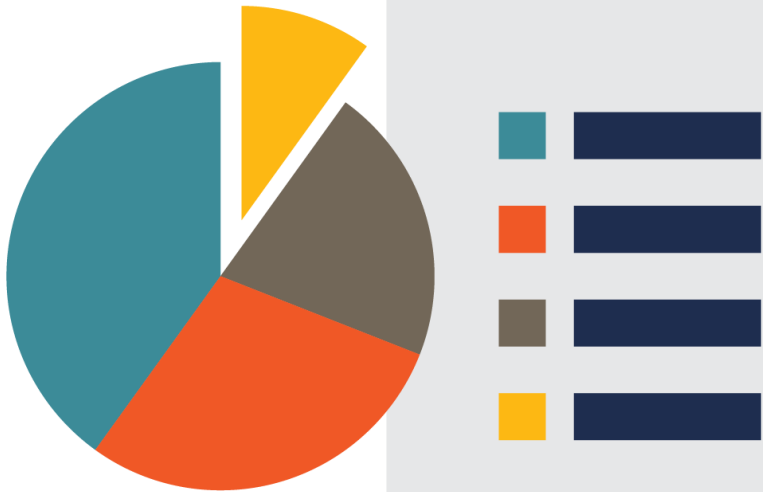
**Greg Brown**  
Program Manager, NCJTC  
*Moderator*

# 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

# POLL



**Do you think you have encountered a person in an excited delirium state?**

- Yes
- No
- Unsure

# 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 .

Like putting your car in park and pressing the accelerator to the floor.

If it does not slow down, you will find a weak point in the “engine.”





# Other Similar Terms

Sickle cell sudden death

Agitated delirium

Cocaine psychosis

Metabolic acidosis

Exertional rhabdomyolysis

Positional asphyxia

Sudden custody death

**Can we agree something exists?**

# Some Causes

- Mental illness
- Stimulant drug use and long-term abuse
- Sudden cessation of drugs
- Hallucinogenic agents
- New drugs
- Alcohol withdrawal



# Cause and What it Looks Like

The causes of the excited or agitated state vary.

Subjects' presentations are usually quite similar.

Facts “read like a script” after the event.

Lack of training leads to failure to recognize.



# Sudden In-Custody Death

An unintentional death that occurs while a subject is in custody.

- Such deaths usually take place after the subject has demonstrated bizarre and/or violent behavior, and has been restrained.
- There is often no obvious cause of death found during autopsy.



# History of Sudden Death Proximal to Restraint

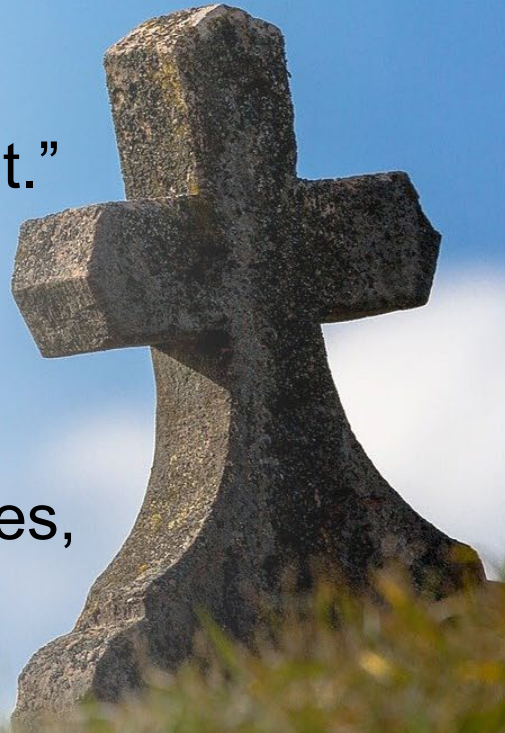
**1849** | 40 cases of a “peculiar form of delirium.”

**1915 – 1937** | 360 deaths from “exhaustion due to mental excitement.”

**1946** | Described as “sudden exhaustive death in excited maniacs.”

**1952** | A study by Bellak described the onset symptoms.

**Present** | The problem continues in mental institutions, nursing homes, and hospitals in situations where restraint is necessary.





# History of Sudden Death Proximal to Restraint

**1950s** | Excited delirium deaths nearly disappeared

- Development of psychotropic medications administered in hospital setting.

**1970s – 1980s** | Re-emergence of these deaths

- Mental illnesses treated outside hospital setting with psychotropic medications.
- Stimulant drug use and abuse.

# How Excited Delirium Can Kill

Body can only do so much before it literally gives out.

Under normal conditions the brain sends signals to the body to stop or “calm down” as it nears exhaustion.

Persons experiencing Excited Delirium appear able to ignore this safety mechanism.

They can push themselves past exhaustion into potentially fatal medical conditions that is difficult to reverse.

# Recognizing Behaviors

- ✓ Bizarre, violent, aggressive behavior
- ✓ Violence toward objects
- ✓ Attack/break glass
- ✓ Overheating, excessive sweating or being very dry
- ✓ Public disrobing, partial or full (cooling attempt)
- ✓ Extreme paranoia
- ✓ Incoherent shouting (animal noises, loud pressured speech)





# Recognizing Behaviors

- ✓ Irrational physical behavior
- ✓ Hyperactivity
- ✓ “Bug eyes”
- ✓ Fight or flight response to control attempts
- ✓ Unbelievable strength
- ✓ Undistracted by any type of pain

# Typical Incident

- 911 call about a man standing in the street partially naked, acting “bizarre.”
- Obvious to officers that subject will resist.
- Struggle ensues with multiple officers.
- Physical restraints applied.
- Struggle continues or escalates after restraint.
- Placed in squad for transport to jail.



# Typical Incident

- Apparent resolution after restraint. 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.



# History of Sudden Custody Death & Police Tactics

## 1970s – 1980s

- Chokeholds

## 1980s – 1990s

- Hogties, Positional asphyxia

## 1990s

- Pepper spray

## 2000s – Present

- Taser

# Excited Delirium Cases Increasing

Significant rise in street drugs

- Cocaine, methamphetamines, K2/bath salts

Significant rise in people with mental health disorders living outside of mental hospitals

- Not taking or no access to medications

More incidents of Excited Delirium

The problem is going to get worse, ignoring the problem is a big mistake

# In-Custody Deaths

Many that die in-custody suffer from one or more medical conditions that contribute to their mortality.

- Some have high levels of drugs in their bodies
- Some are in a mental health crisis

The conditions can be worsened when the subject is confronted and restrained.



# Early Recognition

- ✓ Training for Dispatchers is critical.
- ✓ Key questions asked during the 911 call are important.
- ✓ Information gathered during the 911 call can start the recognition process.
- ✓ May lead to a simultaneous dispatch of EMS and LE which could save valuable time.





# Incoming Call to Dispatch

**“There is a guy acting strange, running in circles...”**

Ask questions to draw out description of behaviors:

- ✓ What do you mean by strange?
- ✓ What specifically is he doing?
- ✓ Bizarre, violent, aggressive behavior
- ✓ Violence toward objects



# Incoming Call to Dispatch

- ✓ Attack/break glass
- ✓ Overheating/excessive sweating or very dry
- ✓ Public disrobing-partial or full (cooling attempt)
- ✓ Extreme paranoia
- ✓ Incoherent shouting, animal noises
- ✓ Unbelievable strength
- ✓ Undistracted by any type of pain
- ✓ Irrational physical behavior



# Follow-Up Questions

Does the caller know the subject?

If so, what do they suspect is causing the behavior?

Drug ingestion?

- ✓ What type?
- ✓ How much?
- ✓ When?

Drug history?

- ✓ Chronic user?
- ✓ What type? (stimulants, coke, crack, meth.)



# Follow-Up Questions

Do they have a mental illness or psychiatric history?

- ✓ Bi-polar disorder or
- ✓ Schizophrenia

Does subject take medications for the condition?

Is the subject known to be medication compliant?

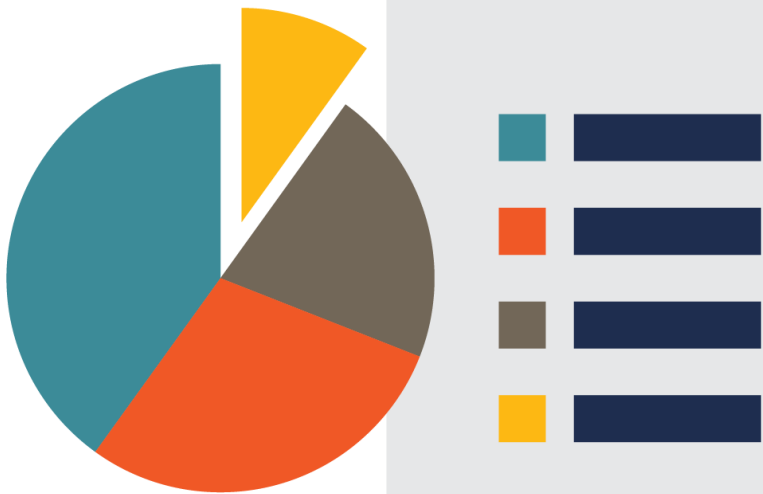
On-set of behaviors

- ✓ Sudden?





# POLL



**In your jurisdiction, do you have 24-hour access to mental health professionals that can respond with you to the scene or provide support services?**

- Yes
- No
- Unsure

# If You Suspect Excited Delirium

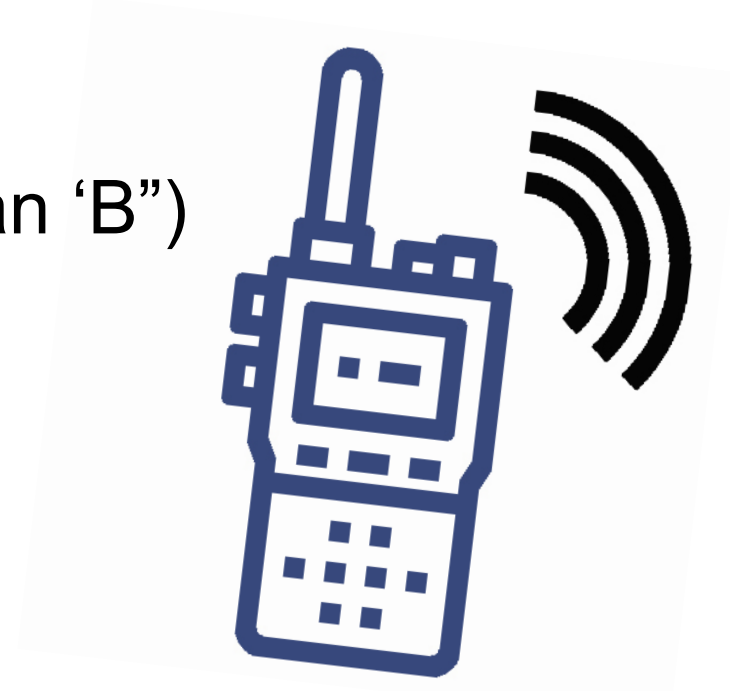
- ✓ Give out the behaviors described by caller
- ✓ Do not just give out “CAD label”
- ✓ Dispatch Patrol Supervisor to the scene
- ✓ Dispatch EMS, Fire
- ✓ Priority response. but no lights/siren in the area
- ✓ Advise EMS to stage in the area
- ✓ Keep the caller on the line if possible



icons made by <a href="https://www.flaticon.com/free-icon/walkie-talkie\_2533135?term=walkie%20talkie%20icon%20free%20vector%20art%20from%20flat%20art%20studio%20photo3idea\_studio">photo3idea\_studio</a> from <a href="https://www.flaticon.com/">www.flaticon.com</a>

# What Officers Should Do

- ✓ Get EMS on the way prior to confrontation
- ✓ Avoid confrontation if at all possible
- ✓ Attempt to contain/isolate the subject
- ✓ Attempt verbal de-escalation – Re-direct
- ✓ Have as many backup officers as possible (plan ‘B’)



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# The 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

Physical control – expect fight and/or flight.

- Get the fight over quickly (i.e. TASER, swarm)
- Pain compliance will not work

EMS protocol and transport to the hospital.



# Excited Delirium Case Study

## **WARNING:**

This video contains graphic  
language and images.

Part 1: ~4:00 min.

Part 2: ~3:30 min.



# Excited Delirium Case Study

Pause for Discussion



# Transport Considerations

- ✓ Transport to medical facility.
- ✓ Radio ahead so hospital can make arrangements for security and safety precautions.
- ✓ Include a law enforcement officer riding along in the back of the ambulance if possible.



# What if it Isn't Excited Delirium?

You have nothing to lose if it is not  
Excited Delirium.

Better to plan for the worse case and  
hope for the best case than to delay  
activating EMS and having an  
in-custody death.



# Contact Information

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View upcoming and requestable trainings, upcoming program webinars, resources and more:

[ncjtc.org/iasaptraining](https://ncjtc.org/iasaptraining)

Visit our robust on demand library to view scheduled webinars, webinar recordings, self-paced online course opportunities:

[ncjtc.org/ondemand](https://ncjtc.org/ondemand)

# Upcoming Webinars

**September 30 | 1:00 PM CT** *(Still time to register!)*

- ✓ *Opioid Addiction and Medication Assisted Treatments for Tribal Communities*

**October 7 | 1:00 PM CT**

- ✓ *Nature or Nurture? The Impact of Genetics and the Environment on Addiction*

**October 14 | 1:00 PM CT**

- ✓ *Social Emotional Skill Development*

**November 4 | 1:00 PM CT**

- ✓ *Building Stress-Resilient Tribal Communities*

**November 18 | 1:00 PM CT**

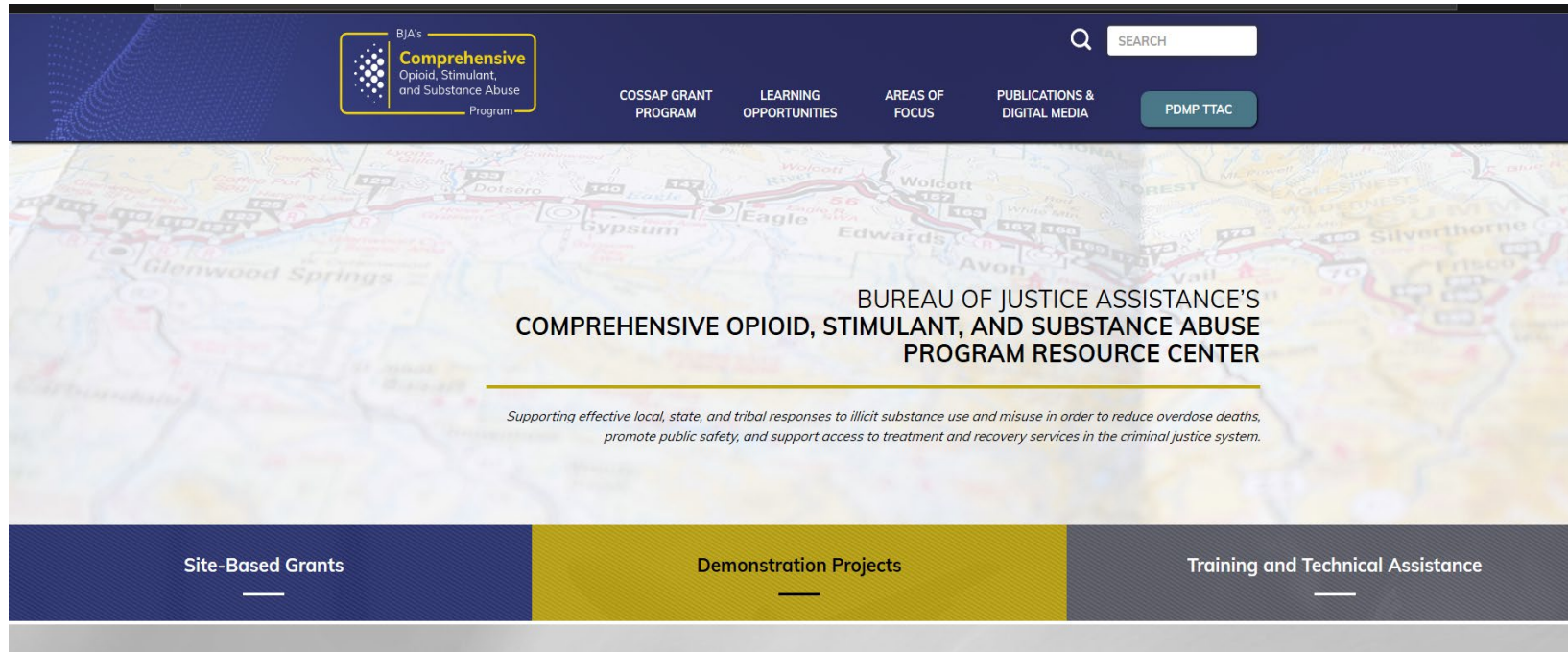
- ✓ *Underage Substance Abuse*

**December 2 | 1:00 PM CT**

- ✓ *Adverse Childhood Experiences (ACEs) and Substance Use*

***Watch your inbox for registration updates...***

# *Bureau of Justice Assistance's* Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Resource Center



[www.cossapresources.org](http://www.cossapresources.org)



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# COSSAP Resources

**Tailored Assistance**—The COSSAP training and technical assistance (TTA) program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation’s substance abuse crisis. ***You do not need to be a COSSAP grantee to request support.*** TTAs are provided in a variety of formats, including virtual and in-person training events, workshop and meeting presentations, and online resources. Request TTA to support your activities at <https://cossapresources.org/Program/TTA/Request>.

**Funding Opportunities**—Current COSSAP and complementary funding opportunities are shared at <https://www.cossapresources.org/Program/Applying>.

**COSSAP Webinars**—All COSSAP webinars are recorded and made available online at <https://www.cossapresources.org/Media>.

**Join the COSSAP community!** Send a note to [COSSAP@iir.com](mailto:COSSAP@iir.com) with the subject line “Add Me” and include your contact information. We’ll be happy to ensure you receive the latest-and-greatest COSSAP opportunities, resources, and updates.

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