

# The Need for Speed: Excited Delirium and EMS



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Is there anything wrong with this guy?



## A lot of Public Attention has been Drawn to Excited Delirium



## Objectives for this Presentation:

- Define the term "Excited Delirium"
- Review the Causes of Excited Delirium
- Review of Street Pharmacologic Agents that can assist in the creation of Excited Delirium
- How to Recognize Potential Excited Delirium
- The use of Medications in the treatment of Excited Delirium / Stimulant Overdose Patients
- Proper Methods of Restraints and Positioning of Excited Delirium Patients

## Objectives Continued:

- How Law Enforcement Officers handle Excited Delirium Suspects / Patients
- How Tasers and Less Lethal devices assist in the control of Excited Delirium Patients
- How we as EMS Providers handle post-tazered / restrained excited delirium patients.
- Review Some In-Custody deaths related to Excited Delirium

## What is Excited Delirium????

- There is not one "ACCEPTED" definition of the process.
- Some healthcare providers even deny that it is truly a "Disease".
- The process seems to be a group of symptoms, predictable yet uncontrollable factors, and the use of illegal substances.

## Excited Delirium – One Version

- **Excited Delirium** is a controversial term used to explain deaths of individuals in police custody, in which the person being arrested, detained, or restrained is highly agitated and may be under the influence of stimulants. [1] The term is not recognized in [DSM-IV](#), but has been listed as the cause of death by some [medical examiners](#). There may also be a link between excited delirium deaths and the use of [Tasers](#) to subdue agitated people. [2]

## Excited Delirium- A Neurology Definition – Dr. Debroah Mash - University of Miami

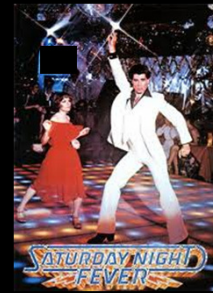
- ***“Someone who is disproportionately large, extremely agitated, threatening violence, talking in-coherently, tearing off clothes, and it takes four to five officers to get the attention of that individual and bring him out of harms way – that’s excited delirium!”***

## What Causes Excited Delirium??

- The use of Stimulant Drugs Over a Period of Time, specifically Cocaine and Methamphetamine
- The use of Alcohol with these Stimulant Drugs
- Combined with Obesity, ethnicity, and often unknown underlying heart disease
- Also known as "The Sudden In-Custody Death Syndrome"
- Some "Experts" say this diagnosis is used to cover up excessive use of force by police officers

## Is Excited Delirium New???

- The phenomenon came to light in the 1970s/ 80s, when Crack Cocaine burst onto the scene.
- Studied Dr. Charles Wetli and David Fishbain



## History of Excited Delirium

- First Discovered by Dr. Luther Bell in 1849
- Found in patients in TB Sanitariums
- Described as mania and fever related to mental excitement
- 75 percent of the patients Dr. Bell studied died due to the mania.

## Street Drugs and Excited Delirium: The Deadly Connection

- Most Associated are Cocaine and Methamphetamine, and now Bath Salts
- Cocaine or "Crack" is more readily available in the urban settings – Charlotte, Durham, Raleigh
- Methamphetamine or "Crystal Meth" is more readily available in the rural settings – Mountains of Western NC and Virginia

## How much Cocaine is out There?

- 2006 DEA Statistics
- Seized – 677.0 Kg or \$135,400,000.00 worth
- How Much was missed??
- Most of it moved by Gangs – Bloods, Crips, MS-13, Jamaicans
- Cities near Interstates usually are stopping places because of the ease of transportation- Orange County is sandwiched in between two major drug cities – Durham and Greensboro

## Some Statistics from DEA

Calendar Year	Cocaine Kilos	Heroin Kilos	Marijuana Kilos	Methamphetamine Kilos	Hallucinogens dosage units
2009	49,339	642	666,120	1,703	2,954,251
2008	49,823.3	598.6	660,969.2	1,540.4	9,199,693
2007	96,713	625	356,472	1,086	5,636,305
2006	69,826	805	322,438	1,711	4,606,27

## How is Cocaine so Profitable??

- You are a local drug sealer with \$22,000.00 to invest in 1 Kilo (2.2 lbs) of Cocaine.
- You buy and transport it to your house where you combine it with Baking Soda to make 2 Kilos of Crack Cocaine.
- You sell your product at \$10.00 for 0.1 grams
- How much is your profit?
- **\$178,000.00 (Total sales were \$200,000.00)**

## Cocaine Toothache Drops



## Some Cocaine Interdiction Pictures



Lt. Fred Swain, Commander of UHP's Special Operations, stands next to 134 kilos of cocaine seized near Nephi. Street value of the cocaine is believed to be about \$40-Million.



## Inventive ways to Transport Cocaine



## Methamphetamine

- AKA – Crystal Meth, ICE, Crank, and Speed
- Can be made in the back of a car, motel room, out buildings, anything that can hold the equipment
- 2006 – 16.1 Kg seized or about 42,134 du
- 2006 – Meth Lab Incidents - 322

## How Methamphetamine is Manufactured

- Using Pre-Cursor chemicals such as liquid heat, ammonia, phosphorous,
- The chemicals are now illegal to possess.
- One pre-cursor, pseudoephedrine, now has to be bought with identification and quantities purchased tracked and reported.

Do you look in the trunks of cars at wreck scenes???



Propane Tank Used for Ammonia

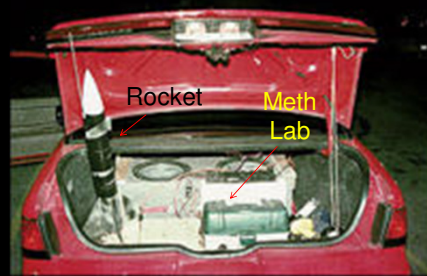
Note Blue Discoloration



Leftovers of a Methamphetamine Lab



YOU GOT NO EVIDENCE



## Recognizing Excited Delirium

- Unbelievable strength
- Imperviousness to pain
- Ability to offer effective resistance against multiple officers over an extended period of time
- Hyperthermia (temperatures can spike to between 105-113°F)
- Sweating
- Shedding clothes or nudity
- Bizarre and violent behavior
- Aggression- especially toward glass or mirrors
- Hyperactivity

## Hands of an Excited Delirium Patient



## More Signs and Symptoms of ED

- Extreme paranoia
- Incoherent shouting or nonsensical speech
- Hallucinations
- Attraction to glass (smashing glass is common)
- Confusion or disorientation
- Grunting or animal-like sounds while struggling with officers
- Foaming at the mouth
- Drooling
- Dilated pupils

## What is Patient Restraint?

**Patient Restraint** – The use of a physical hold, mechanical device, or chemical to involuntarily restrain the movement of the whole body for the reason of controlling physical activities, in order to protect the patient or others from injury

## When is Restraining Indicated??

- When a person exhibits a behavior or psychological syndrome that is associated with significantly increased risk of person suffering death, injury, pain, or disability or causing the death, injury, pain or disability to another Person.

## Something to Think about – Felony Restraint / False Imprisonment

- Felonious Restraint – NCGS 14-43.3
- Unlawfully restrain a person, without the patient's consent, and transport them by motor vehicle from the place of initial restraint – Class F Felony
- 16 to 49 months in NCDOC
- False Imprisonment – Common Law
- Person intentionally and unlawfully restrains or detains a person, without Their consent – Class 1 Misdemeanor – 6 months / fine

## Proper Methods of Restraints

- Try Talking patient "Down" first.
- Try removing the patient from the environment - Voluntarily
- If you have to - Always use soft restraints.
- Never place too tightly to constrict circulation
- Pulse and Neurological checks in extremities every 10 minutes
- Use Chemical Restraints with soft restraints

## Proper Position of Restrained Person

- Lateral Recumbent
- Knees to their abdomen
- Something placed under their head and neck.
- Never on their Abdomen
- Positional Asphyxia / Restraint Asphyxia can take place if placed face down
- They cannot breath properly in this position, therefore they suffocate

## Some Items from a Restraint Checklist

- Restraint Checklist
- Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_ ACR#: \_\_\_\_\_
- 1. Reason for restraint: (Check all that apply.)
- Patient attempting to hurt self
- Patient attempting to hurt others
- Patient attempting to remove medical device
- 2. Attempted verbal reassurance/redirection Yes No
- 3. Attempted environmental modification (i.e. remove patient from stressful environment)
- Yes No
- 4. Received medical control order From \_\_\_\_\_ at \_\_\_\_\_ hours
- 5. Type of restraint applied. (Check all that apply.)
- Limb restraint
- LUE
- RUE
- LLE
- RLE
- Chemical Restraint
- Agent Used: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_
- 6. Vital signs and extremity neurovascular exam taken every ten minutes
- 7. Patient **NOT** in prone position
- Supine position for transport
- Lateral recumbent position for transport
- Paramedic Signature: \_\_\_\_\_

## Positional Asphyxia

- **Positional asphyxia**, also known as **postural asphyxia**, is a form of **asphyxia** which occurs when someone's **position** prevents them from **breathing** adequately. A small but significant number of people die suddenly and without apparent reason during restraint by **police, prison** (corrections) officers and **health care staff**.<sup>[1]</sup> Positional asphyxia may be a factor in some of these deaths.

## How Not to Restrain Someone



## How Not to Restrain Someone #2



“If you Can’t Breath, You Can’t Fight !”



How to Properly Restrain Someone



### Meds used to Treat ED In the Field

- Valium – to Agencies Protocols
- Versed – to Agencies Protocols
- Ativan – to Agencies Protocols
- Haloperidol – to Agencies Protocols
- Droperidol – to Agencies Protocols
- Ketamine – In hospital Use
- *Document well !!!!*

### How Law Enforcement Officers Deal with Excited Delirium Patients

- *First, A Crime has to be committed for them to become involved or Mental Health Commitment Papers must be taken out.*
- They have no duty to act in North Carolina
- They can use and Emergency Commitment Statute NCGS 161-235
- They have a Use of Force Continuum
- This dictates how much force they can apply to take someone into custody and whether it is appropriate for them utilize the force at all

### Police Use of Force Continuum:

- Presence – Just Being there
- Verbal Command / Control – commands, advice
- Physical Control – Soft hand (Joint Locks, Pressure Points, Pain Compliance) to Hard Hand (Stunning, kicks, Punches)
- Aerosol / Chemical Agents – OC Spray
- Electronic Impulse Devices - Tasers

### Police Use Of Force Continuum #2

- **Intermediate Weapons** – Low Level (Baton used to effect a joint lock) to High Level (Involves using the weapon for strikes that can cause physical incapacitation)
- **Deadly Force** – actions which would likely result in death or serious bodily injury including the use of lethal weapons.

### Pepper Spray – Not Just for Eating Anymore

- Made from the ingredients found in bell peppers and jalapenos
- The heat is measured in SHUs or Scoville Heat Units
- A regular bell pepper has an SHU of 0
- A Jalapeno pepper has an SHU of 5,000
- 5% Pepper Spray has an SHU of 1,000,000
- Punch +P has SHU of 2,000,000

### Tasers – Pain Compliance at its Finest

- Uses Electricity to interrupt nerve transmission.
- 50,000 volts for 5 seconds
- Can be used either as a drive stun or where the two projectiles are fired.
- One of the projectiles is angled at 20' down so that the barbs spread out to get coverage.
- Most departments remove the barbs themselves
- Some departments call EMS if they are stuck in the neck, groin, or breast area.

### Taser Industry Product



### OC Spray and ED



### Excited Delirium and Tasers

TASER M26  
vs.  
Drug Users

### In Custody Deaths – United States

- Post Arrest to Incarceration deaths not studied until 2007.
- The US Department of Justice issued the statistics in October of 2007.
- These Statistics covered 2003 to 2005
- Total In Custody / Post Arrest deaths in 3 years: 2,002
- Number in North Carolina – 58
- North Carolina is #11 out of 46 reporting states

## In-Custody Deaths - Continued

- 1,095 deaths were Law Enforcement Homicides or 54.7%
- Intoxication is second to LEO Homicide with 252 deaths or 12.6%
- Median Age was 33 years
- Sex is usually male

## Number of Arrest Related Deaths in North Carolina 2003 to 2005

- Number of Arrest Related Deaths 2003 to 2005 - 58
- Deaths related to Law Enforcement Homicide - 19
- Deaths due to Intoxication - 6
- Deaths due to Suicide - 9
- Deaths due to Accidents - 13
- Deaths due to Illnesses - 4
- Deaths of Unknown or Other Type - 7

## Profile of Circumstances Surrounding Arrest-Related Intoxication Deaths, 2003-2005

### Death occurred at the arrest scene (198 cases)

- Restraints used on the arrestee\* 163 88. or 1%
- Handcuffs 157 or 84.9%
- Leg restraints 32 or 17.2%
- Other devices 13 or 7.0%
- No restraints used 22 or 11.9%

## Location Where the Arrestee Died

- At the crime/arrest scene - 104 or 68.4%
  - At medical facility - 36 or 23.7%
- En route to a medical facility - 3 or 2.0%
- En route to booking center/police station - 4 or 2.6%
  - Elsewhere - 5 or 3.3%

### Arrestee Behavior During Arrest

- Appeared intoxicated 149 or 75.3%
- Threatened officers 40 or 20.2%
- Resisted arrest 122 or 61.6%
- Tried to flee, escape arrest 53 or 26.8%
- Grabbed, hit or fought with officers 80 or 40.4%
- Used weapon to threaten/assault officers 9 or 4.5%
- Any of the above 175 or 88.4%
- Two or more of the above 128 or 64.6%

### Conducted Electricity Device (ECDs) Deaths

- Deaths have increased steadily since 2003
- In 2003, there were 3 deaths related to ECDs
- In 2004, there were 9 deaths related to ECDs
- In 2005, there were 24 deaths related to ECDs
- 10 of these were related to Intoxication / Excited Delirium situations
- Of these, 52% appeared intoxicated and 80% resisted officers at the time of their arrest
- 94.4% of these, the suspect did both of the above or more

### Something to Ponder...

- NC is grouped in with seventeen other states in these statistics- from West Virginia and Maryland to Florida, over to Louisiana and Arkansas (AKA – The South)
- This area has had the highest number of Assaults on LEOs (86,570) out of all areas including the West section, which includes California. Total of 174,760 in the US
- There were 380 LEOs killed in line of duty.
- 50% of the In-Custody Deaths were in Departments of 500 sworn LEOs or more.

### Therefore – ALWAYS Remember!

- Safety is of the utmost importance!!!
- Be sure the scene is safe!!!
- Be sure to protect yourself and your partner!!
- Law Enforcement Presence is a Good thing!
- Never take anyone or anything for granted!

## Questions???



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