

07-13 - Excited Delirium

Los Angeles County Sheriff's Department

NEWSLETTER

Field Operations Support Services, (323) 890-5411



EXCITED DELIRIUM

The purpose of this newsletter is to provide information about a phenomena known as “excited delirium,” to provide suggestions to help field deputies identify, safely control, and detain suspects exhibiting symptoms of this condition.

Excited delirium has been described as “*a state of extreme mental and physiological excitement*,” displaying extreme agitation, hyperactivity, overheating, excessive tearing of the eyes, hostility, superhuman strength, aggression, acute paranoia, and endurance without apparent fatigue.

When contacting a person suffering from excited delirium, they may be yelling or screaming loudly, appear to be disoriented or hallucinating, and may be foaming at the mouth or drooling. The person may become extremely violent and will often engage in a vigorous struggle with someone trying to control them. He/she may be impervious to pain, including pepper spray, and may exhibit extraordinary strength. Frequently, persons suffering from excited delirium may be partially clothed or naked and sweating profusely.

The following symptoms are some of the indicators that may alert personnel the person they are contacting is suffering from excited delirium:

- An exaggerated version of the flight-or-fight syndrome;
- Attraction to glass (smashing/breaking glass);
- “Animalistic” behavior (grunting, biting, and scratching);
- “Wow-eyed” look (eyes wide open to the point the sclera is visible on all four sides);
- Nudity or partial nudity;

- Profuse sweating;
- Impaired thinking (disorientation, hallucinations, paranoia, and ignoring obvious injuries); and/or
- Sudden tranquility after frenzied activity.

With all situations involving excited delirium, the primary objective is to gain control of the person in a manner that does not unnecessarily aggravate their affliction and provide immediate medical treatment.

Keep in mind not all excited delirium encounters will be the same. Studies indicate the best way to resolve an excited delirium situation is to adhere to the following recommendations:

- Fire/paramedics should be notified and staged in a nearby location until the subject is under control;
- Unless there is an immediate public safety threat, the handling deputies should attempt to contain the person in an area that protects him/her and others;
- Handling deputies should immediately request appropriate backup;
- Once sufficient backup is present, deputies should gain control of the subject as quickly and safely as possible;
- Attempt to “talk the person down.” Only one deputy should communicate with the person. The deputy should speak calmly and reassure the person he/she is there to help;
- Because the person may be delusional and/or suffering from hallucinations, statements and questions may need to be repeated several times and therefore, the deputy must be patient;
- Attempt to have the individual sit down, which may have a calming effect;
- Refrain from keeping constant eye contact, as this may be interpreted as threatening;
- If a family member or other person who has a rapport with the individual can safely participate, request their assistance in attempting to gain the person’s cooperation;
- If the person is unresponsive to verbal direction, a multiple-deputy arrest team should be used to handcuff the subject;
- Once the person is restrained, they should be placed on their side, immediately treated by paramedics, and transported to the hospital by ambulance.

An adrenalin peak generally occurs within three to five minutes after the significant exertion of a struggle. Regardless of the control method used, the person is likely to become suddenly calm once subdued. Respiratory failure and cardiac arrest are common aftereffects which can lead to death. Therefore, the person shall be continuously monitored until appropriate medical personnel arrive.

Our reverence for life dictates we do everything possible to ensure the patient’s well-being. More information pertaining to the handling of “Mentally Ill Persons” can be found in the Manual of Policies and Procedures

(MPP) 4-16/010.00 and the Field Operations Directive (FOD) 16-003.

For additional information regarding the content of this newsletter contact Field Operations Support Services, at (323) 890-5411 or foss@lasd.org.
