

# Acute Behavioural Disturbance / Excited Delirium

## Risk Assessment

Assess risks to; the patient, other patients, and the staff  
**Significant Risk Call Security**

TRY

## Non-Drug Approach - (response can be unpredictable)

- 1) Move to a quieter and controlled environment
- 2) Consider involving patients Family/Friends
- 3) Adopt a Non-threatening posture
- 4) Keep your distance and ensure clear escape route
- 5) Use open questions & encourage reasoning
- 6) Be attentive and show concern for situation
- 7) Be clear about what is acceptable behaviour
- 8) Don't threaten or patronise

**Minimise Physical Restraint - PROLONGED RESTRAINT CAN KILL**

FAIL

## Offer Oral Medication - (slow onset)

**Consider using:**

- 1) Lorazepam 1-2mg PO
- 2) Diazepam 2-5mg PO
- c) Haloperidol 2-10mg PO + Promethazine 25-50mg PO  
**(Arrhythmia warning - antipsychotics can prolong QTc CHECK-ECG)**

FAIL

## IV/IM Medication

**Considerations:**

- 1) Physical restraint may be required - **AVOID PRONE POSITION**
- 2) Should be performed in Resus
- 3) IV route ideal - but consider risks of cannulation
- 4) IM route - Onset not predictable - (Slow - Almost Instant)

**Drugs:** See table

**Support:** Early IV access, and consider medical causes and treat