



# **EXCITED DELIRIUM AND IN-CUSTODY DEATH**

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**What Crisis Intervention Teams Need to Know**

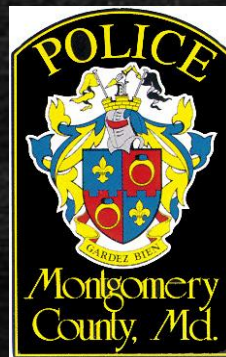
Scott Davis #2168 Coordinator, Montgomery County Police CIT



# My References

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- Excited Delirium Syndrome: Cause of Death and Prevention (Theresa G Di Maio/Vincent J.M DiMaio).
- Institute for the Prevention of In-Custody Deaths, INC ([WWW.ipicd.com](http://WWW.ipicd.com)) Roll call mini-poster.
- MIEMSS EMS Provider Protocols (Edition Date July 1, 2016).





# A Little Bit About Me







# POLICE CALLS RELATING TO MENTAL ILLNESS IN MOCO

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## Total Calls for Service (2942)

- 2011: 4440
- 2012: 4697
- 2013: 5256
- 2014: 5513
- 2015: 6449

## Suicides (2600)

- 2011: 240
- 2012: 121
- 2013: 176
- 2014: 298
- 2015: 302



# Exercise: Excited Delirium?







# HISTORY

- Not new, has been around/recognized since 1849 (Dr. Luther Bell= "Bells Mania").
- Several documented cases of persons in Psych Hospitals dying when under physical restraint.
- If left, studies showed patients were dying anyway of dehydration and/or medical causes.
- Most cases that were chemically restrained had a better outcome.
- ED brought back into light in the 1980's during the crack cocaine epidemic.



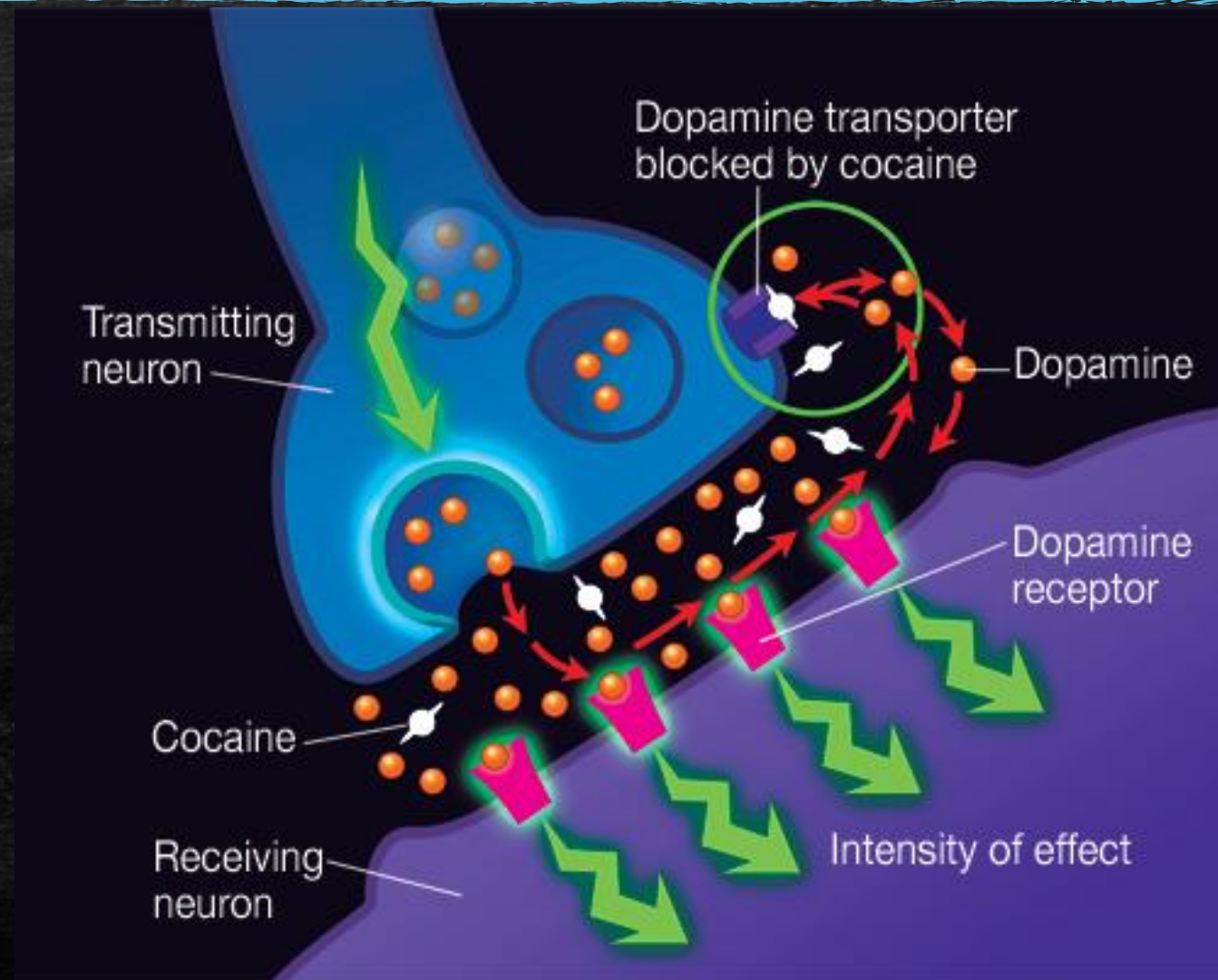
# CAUSATION



- Metabolic (low blood suger).
- Pharmacologic (legal/elicit drugs use OR a change of).
- Infectious (Sepsis).
- Psychological (Mental Illness).

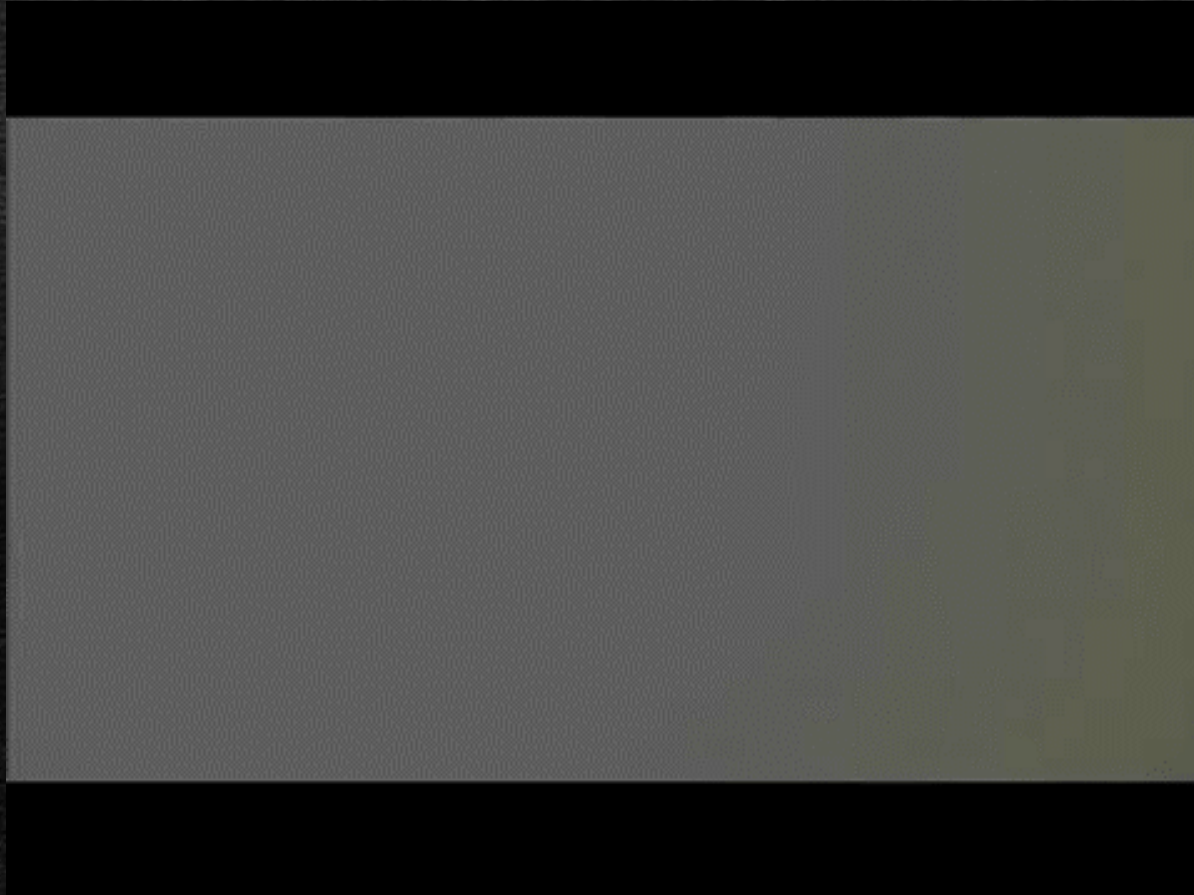
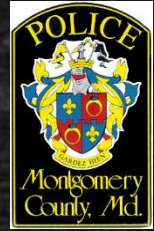


# THE DOPAMINE/COCAINE ISSUE





# THIS CAN HAPPEN TO YOUR AGENCY







# FOUR PHASES

- **Hyperthermia** (but not always).
- **Delirium with agitation** (bright lights, objects), quick onset.
- **Respiratory arrest** (gets quiet during/after struggle).
- **Cardiac arrest** (80% mortality rate).
- These events can take place during interviews, booking or at the hospital/clinic.



# WHO IS AT RISK????

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- **91-99% are male (there have been female events recorded- 1900's studies).**
- **31-45 years of age.**
- **Usually a struggle is involved.**
- **Geographic location is not a factor.**
- **Death usually follows- behavior issues, use of illegal/prescription meds (or a change of).**
- **Behavioral clues can be manifested by drugs (cocaine), hypoglycemia or mental illness.**



# **SUDDEN DEATH: PRE-DISPOSING FACTORS**

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- REFER TO HANDOUT

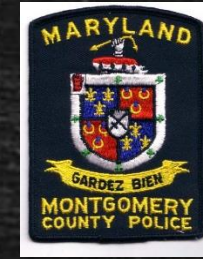


# NAME THE CLUES!!





# WHAT DO WE DO???



- **Scene safety:** lock down and additional officers.
- **Contain** the incident: notify EMS/ALS (SOP's).
- **Capture** the subject: This is NOT a crime, it's a medical emergency. Use of force must be objective and reasonable. Document your attempts/justify your actions.
- **Transport** (via EMS): Officer should ride in the EMS/ALS unit.
- **De-Brief and DOCUMENTATION!!!** It pays to document!



# EMERGENCY MEDICAL RESPONSE

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- **ALS is best suited to handle. Pre- Stage your assets!**
- **Chemical restraint is the standard; EMS uses Midazolam: Haldol is out due to cardiac compromise.**
- **Cooling is in: ice packs in groin, under arms, back of neck.**
- **Different jurisdictions do different things; LE does not dictate what EMS does.**
- **Check out MIEMSS updated protocols (1 July 2016).**





# **“ACTIONS ON THE OBJECTIVE”**

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- **Officer safety- get a game plan, “choreograph” your movement(s).**
- **If possible, someone needs to run the event that is not “involved”.**
- **Keep dispatch informed (time stamp).**
- **Pull video, dispatch logs.**
- **Think about crime scene at the hospital; try to get core body temp (if deceased).**
- **Be as descriptive as possible; will you remember event 3 years from now?**





# MCPD IN ACTION!





# SUMMARY

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- Excited Delirium is a **medical emergency!**
- Officer Safety comes first.
- Have a plan: have resources available!
- Document! Document! Document!





# ANY QUESTIONS??

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# ON A LIGHTER NOTE: CRISIS INTERVENTION AT IT'S BEST!!

