

Louisville Metro Police Department

<h2>Standard Operating Procedures</h2>	SOP Number: 12.21
	Effective Date: 10/08/12 Prv. Rev. Date: 06/27/20 Revised Date: 12/19/22
	Accreditation Standards: KACP: 1.3
Chapter: Special Response	
Subject: Excited Delirium	

12.21.3 SYMPTOMS OF EXCITED DELIRIUM

Excited delirium is the result of a serious and potentially life-threatening medical condition. The person can appear normal until he/she is questioned, challenged, or confronted. Further confrontation, threats, and use of force will almost certainly result in further aggression and even violence. Attempting to restrain and control these individuals can be difficult because they frequently possess unusual strength, pain insensitivity, and instinctive resistance to any use of force.

Factors that may contribute to excited delirium include:

- Intoxication (alcohol or other).
- Drug use (especially cocaine, Spice and methamphetamine).
- Obesity.
- Delirium (mental illness including psychosis and schizophrenia and/or drugs).
- Psychiatric patients who stop taking their medication.

Because at-risk individuals could potentially die without proper medical attention, it is important for officers to recognize subjects who may be in extreme distress. The following signs may be exhibited:

Physical

- Profuse sweating
- Hyperthermia or high body temperature
- Skin discoloration
- Foaming at the mouth
- Drooling
- Dilated pupils
- Uncontrollable shaking
- Respiratory distress (indications of breathing difficulties before, during, or after being restrained, says "I can't breathe")
- Evidence of self-inflicted injuries

Behavioral

- Intense paranoia
- Demonstrates extreme agitation or excitement
- Violent or bizarre behavior
- Running wildly (e.g. into traffic)
- Pressured, loud, incoherent speech (irrational speech)
- Psychotic in appearance
- Rapid changes in emotions (e.g. cry, laugh)
- Disoriented about time, place, or his/her identity (confusion)
- Superhuman strength
- Muscle rigidity (may not be resisting)
- Hallucinating
- Delusional screaming for no apparent reason

Louisville Metro Police Department

Standard Operating Procedures	SOP Number: 12.21
	Effective Date: 10/08/12
	Prv. Rev. Date: 06/27/20
	Revised Date: 12/19/22
Chapter: Special Response	Accreditation Standards: KACP: 1.3
Subject: Excited Delirium	

12.21.3 SYMPTOMS OF EXCITED DELIRIUM (CONTINUED)

- Aggression toward inanimate objects, such as glass
- Naked or partially disrobed
- Stripping off clothing
- Resists violently during capture, control, and restraint
- Diminished sense of pain (e.g. Oleoresin Capsicum (OC) spray, baton strikes, Conducted Electrical Weapon (CEW) drive-stun are ineffective)
- Lack of focus; easily distracted (unable to follow simple directions or orders)
- Gravitation toward “shiny” objects
- Delusions of grandeur (e.g. “I am God”)
- Frightened/panicky

12.21.4 PROCEDURES

Once it is determined that a subject may be at-risk, the incident will be managed as a medical emergency, in addition to whatever law enforcement response may be required under the circumstances, including the use of reasonable force (KACP 1.3a). MetroSafe will be contacted to let them know that Emergency Medical Services (EMS) Advanced Life Support (ALS) personnel are needed at the scene. If officers suspect an excited delirium case, when possible, they should request EMS to stage in the area, when appropriate.

Officers will utilize the following response(s) when dealing with a suspected excited delirium subject:

- Request additional officers for containment. If the subject appears unarmed and does not appear to pose an immediate threat to the physical safety of officers, other persons, or himself/herself or pose an immediate threat to escape, officers will contain the subject while maintaining a safe distance. The objective is to gain the person’s voluntary cooperation.
- Utilize contact/cover tactics – Only one (1) officer should engage the person in conversation. The officer should project calmness and confidence and speak in a conversational, non-confrontational manner. Whenever possible, determine if the person can answer simple questions, which will give the officer an idea of the level of coherence of the person. Officers should turn down their radios.
- Avoid prolong struggle/fight – If the person is non-compliant with verbal directions, utilize the appropriate level of force to quickly control the subject and transfer him/her to EMS.
- Consider all use of force options. If the subject is armed, combative, or otherwise poses an immediate threat to the physical safety of officers, other persons, or himself/herself, officers will employ the amount of force that is reasonable and necessary to protect themselves and others at the scene and to take the person into custody (KACP 1.3a). To practical extents, efforts should be made to minimize the intensity and duration of the subject’s resistance and to avoid engaging in a potentially prolonged struggle.
- Persons who are suffering from excited delirium may be unaffected by pain compliance techniques (e.g. less-lethal rounds, batons, OC, drive-stun) since the subject is often impervious to pain. Officers should tell EMS what force, if any, was applied and the level/intensity of resistance by the subject.
- CEW deployment (neuro-muscular incapacitation) may be the best intermediary force option. When using a CEW in the probe mode to accomplish restraint, if possible, use a single deployment coupled with immediate restraint to decrease the likelihood of a drawn out confrontation, which may further