

AAEM Excited Delirium Statement

1. AAEM recognizes that current emergency medicine literature does not support scientific evidence for “excited delirium” or “excited delirium syndrome” being applied as a medical diagnosis. AAEM recognizes that there are multiple possible underlying medical conditions that describe what practitioners have termed excited delirium and it is best to use specific medical terms and, when not able, it is preferable to describe symptoms.
2. AAEM supports the identification, evaluation and treatment of patients exhibiting agitation and delirium from a medical or toxicologic condition by appropriately trained and supervised EMS personnel and not influenced by law enforcement or any other person or entity that is not part of the EMS team. The decision to administer sedative/hypnotics or other controlled drugs is the sole purview of the trained prehospital medical professional operating under the standing or online orders of the physician-led EMS team.
3. AAEM reaffirms EMS teams should be led by a board-certified or board-eligible Emergency Medical Services physician.
4. When an EMS physician is not available, the Emergency Medical Services team should be led by an emergency physician boarded by ABEM or AOBEM. In all circumstances this physician will be responsible for protocols, standing orders and real-time consultation with prehospital providers when situations arise that are medically complex or fall outside of standard protocols.
5. AAEM feels that justice must be considered when administering medications that will sedate a patient for any condition that has historically been ascribed the term “excited delirium.” AAEM joins the call for independent analysis of law enforcement agencies, fire and EMS and other responders to review cases labeled as “excited delirium,” or cases meeting past definitions of “excited delirium,” with particular attention to demographic data regarding race, ethnicity, gender, and age.
6. Emergency service providers should be trained in de-escalation, verbal calming, and peer intervention techniques as applicable to protect the patient and provider.
7. AAEM recommends that “excited delirium” should not be used as a cause of death on a death certificate and instead an attempt should be made to identify a recognized root cause.