



**OFFICE OF THE DIRECTOR OF POLICE
THE UNIVERSITY OF TEXAS SYSTEM
TRAINING BULLETIN 035**



**EXCITED DELIRIUM and HYPERACTIVE
DELIRIUM WITH SEVERE AGITATION
GUIDANCE
April 11, 2024**

I. PURPOSE

This training bulletin serves to distribute information regarding usage of the medical terms associated with both Excited Delirium and Hyperactive Delirium with Severe Agitation. It is intended to provide best research-based guidance to University of Texas System Police (UTSP) personnel when encountering a person who exhibits the symptoms associated with Hyperactive Delirium with Severe Agitation or otherwise appears to be in crisis. The overall objective is to inform, guide, and encourage a positive and productive interaction when these encounters occur.

II. DISCUSSION

Encounters between UTSP officers and those in crisis is a daily occurrence across the University of Texas System. Public expectations require that law enforcement personnel be appropriately trained to recognize those in crisis or exhibiting the symptoms associated with Hyperactive Delirium with Severe Agitation. Officers are not expected to diagnose physical or mental conditions, but rather to identify behaviors associated with a person in crisis. Law enforcement personnel must be prepared to respond appropriately, apply de-escalation techniques when necessary, and ensure the proper care is offered or provided. While most encounters will not involve persons who are physically violent toward the responding officers or others, when force must be used the requirements of ODOP/UTSP Policy 601, Use of Force, will apply.

III. BACKGROUND

On September 10, 2009, the American College of Emergency Physicians (ACEP) Excited Delirium Task Force, published the *White Paper Report on Excited Delirium Syndrome*. The Task Force was charged with examining the available literature and existing data to determine if the entity commonly referred to as “excited delirium” exists. And if so, whether it could be better defined, identified, and treated.

The Task Force consensus was that Excited Delirium (ExDS):

Is a unique syndrome which may be identified by the presence of a distinctive group of clinical and behavioral characteristics that can be recognized in the pre-mortem state. ExDS, while potentially fatal, may be amenable to early therapeutic intervention in some cases.” (ACEP, 2009).

While there is no current standardized case definition to identify ExDS, the Task Force indicated that based upon the presence of perceived abnormal behavior and prehospital potential clinical features, subject could be manifesting symptoms associated with ExDS. The Excited Delirium prehospital potential clinical features were listed as:

Pain Tolerance	Police Noncompliance
Tachypnea (rapid breathing)	Lack of Tiring
Sweating	Unusual Strength
Agitation	Inappropriately Clothed
Tactile Hyperthermia (elevated body temperature or hot to the touch)	Mirror/Glass Attraction

The report noted that most organized medical associations (e.g., American Medical Association) and medical coding reference materials (e.g., International Classification of Diseases, Ninth Revision or ICD-9) do not recognize the exact term “excited delirium” or “excited delirium syndrome.”

However, there are organized medical associations that do recognize ExDS as an entity (e.g., National Association of Medical Examiners) and references such as the ICD-9 contain several codes that can be used to describe the same entity as ExDS, albeit with different wording. (ACEP, 2009).

IV. ACEP WITHDRAWS APPROVAL OF THEIR 2009 *White Paper Report on Excited Delirium Syndrome*

In their October 12, 2023 digital article titled *ACEP REAFFIRMS POSITIONS ON HYPERACTIVE DELIRIUM*, the American College of Emergency Physicians states that it “does not recognize the use of the term “excited delirium” and its use in clinical settings.”(ACEP, 2023). The ACEP does however recognize the existence of hyperactive delirium syndrome with severe agitation.

Hyperactive Delirium Syndrome with Severe Agitation is a potentially life-threatening clinical condition characterized by a combination of vital sign abnormalities (e.g., elevated temperature and blood pressure), pronounced agitation, altered mental status, and metabolic derangements. As opposed to the term Excited Delirium, the ACEP chose to employ the descriptive terminology, Hyperactive Delirium with Severe Agitation, as the most accurate language identifying the mental status and the level of activity exhibited by patients of interest.

Furthermore, Hyperactive delirium describes a condition of altered mental status distinguished by disordered thinking and psychomotor agitation, often accompanied by a hyperadrenergic state. (ACEP, 2021).

V. COORDINATED LAW ENFORCEMENT AND EMS RESPONSE

While both Excited Delirium and Hyperactive Delirium with Severe Agitation have overlapping conditions which manifest themselves in those suffering a medical or mental crisis, it is imperative that responding law enforcement personnel focus on the subject’s physical and behavioral indicators. If the subject is exhibiting physical and/or behavioral symptoms that align with Hyperactive Delirium with Severe Agitation, the goal when responding to these individuals is to reduce stress, prevent physical harm, and to contact Emergency Medical Services (EMS). A coordinated Law Enforcement and EMS response will result in the best outcome for those in crisis.

When documenting such interactions, UTSP Personnel will refrain from using terms associated with Excited Delirium and Hyperactive Delirium with Severe Agitation. The focus of such reports will be centered on the subject's physical and behavioral indicators, the subject's actions, the coordinated Law Enforcement and EMS response, and the facts surrounding the emergency service call.

VI. ADDITIONAL RESOURCES

To further assist UTSP Personnel when responding to those in mental health crisis, refer to [ODOP/UTSP Training Bulletin 20 \(Encounters with Mentally Ill\)](#). TB 20 provides response procedures associated with:

- Recognizing Abnormal Behavior
- Assessing Risk
- Response to Persons Affected by Mental Illness or in Crisis
- Taking into Custody, Transporting to Mental Health Facility or Hospital

VII. RISKS TO LAW ENFORCEMENT

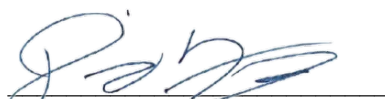
This training bulletin is not intended to replace or serve as a substitute for ODOP/UTSP Policy 601, "Use of Force." Due to the very nature of interacting with persons who have a mental illness or may be suffering from a crisis, their behavior may be erratic, unpredictable, and possibly violent requiring the use of some level of appropriate force.

VIII. REFERENCES

American College of Emergency Physicians Excited Delirium Task Force. (2009). White Paper Report on Excited Delirium Syndrome. *American College of Emergency Physicians*. https://www.prisonlegalnews.org/media/publications/acep_report_on_excited_delirium_syndrome_sept_2009.pdf

American College of Emergency Physicians Hyperactive Delirium Task Force. (2021). ACEP Task Force Report on Hyperactive Delirium with Severe Agitation in Emergency Settings. *American College of Emergency Physicians*. <https://www.acep.org/siteassets/new-pdfs/education/acep-task-force-report-on-hyperactive-delirium-final.pdf>

American College of Emergency Physicians. (2023). ACEP Reaffirms Positions on Hyperactive Delirium. *American College of Emergency Physicians*. [www.acep.org. https://www.acep.org/news/acep-newsroom-articles/aceps-position-on-hyperactive-delirium](https://www.acep.org/news/acep-newsroom-articles/aceps-position-on-hyperactive-delirium)



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