

AAEM Excited Delirium Statement

1. AAEM recognizes that current emergency medicine literature does not support scientific evidence for “excited delirium” or “excited delirium syndrome” as a medical diagnosis. AAEM opposes the use of the terms as they are based on unproven assertions for a common pathophysiologic pathway to sudden deaths, most often with recognizable root causes.
2. EMS administration of any medications, specifically sedative/hypnotics or other controlled drugs, must only be used when standing or online orders for specific conditions are established in each jurisdiction. Additionally, the decision to administer medications should never be dictated by law enforcement.
3. AAEM reaffirms the assertion that all health care teams, including teams in the field, must be led by a board-certified physician.
4. Emergency Medical Services teams should only be led by an emergency physician boarded by ABEM or AOBEM, and in all circumstances that a physician must have final decision-making for all protocols and standing orders. Any exception to these procedures will be on a case-by-case basis in consultation with the emergency physician when situations arise that fall outside of standard protocols.
5. AAEM joins the call for independent analysis of law enforcement agencies to review cases labeled as “excited delirium,” including demographic data regarding race, ethnicity, gender, and age.
6. 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.

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