



**Seattle** Office of  
Inspector General

# **Addressing the Term "Excited Delirium" in Law Enforcement Contexts**

June 2, 2025



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## Introduction

This memo outlines the history and current debate surrounding the use of “excited delirium” and similar terminology in law enforcement contexts and offers recommendations for the Seattle Police Department (SPD) in partnership with other City agencies. The Seattle Office of Inspector General for Public Safety (OIG) chose to address this issue given emerging scientific understanding and national trends, as well as the inclusion of “excited delirium” in training for SPD officers and 911 dispatchers, and in SPD policy as “acute behavior disorder.”

The term “excited delirium” broadly refers to a constellation of symptoms presented by individuals in a highly agitated or combative state. “Acute behavioral disturbance,” “acute behavior disorder,” and “agitated delirium” have been used as synonymous, umbrella terms to describe the presentation of abnormal physiology or behavior.<sup>1</sup>

National data indicates “excited delirium” is disproportionately used to explain the deaths of Black men in police custody.<sup>2</sup> National data also shows Black and Brown individuals are treated with sedative chemical interventions at higher rates than other groups.<sup>3</sup> “Excited delirium” has been criticized by advocacy groups, medical and psychiatric organizations, and law enforcement oversight agencies as a manifestation of systemic racism in the justice system.

OIG reviewed SPD Mark43 reports between 2014 and 2023, where the terms “excited delirium” and/or “acute behavior disorder” appeared in report narratives 322 times, and found the following:

- “Acute behavior disorder” appeared in the narratives six times; “excited delirium” appeared 316 times. Together the terms appeared in reports an average of 32.2 times per year. In this period, 2018 had the highest count of narratives mentioning either term (49).
- 64% of cases were diagnosed as “excited delirium” or “acute behavior disorder” by SPD officers, 13% by 911 dispatchers, and 13% by Seattle Fire Department (SFD) paramedics.
- The most common symptoms cited by officers as signaling “excited delirium” or “acute behavior disorder” are: 1) danger to self or others (52%); 2) sweating or hot to the touch (40%); and 3) inappropriate attire or no clothing (38%).
- SFD paramedics administered sedative drugs to subjects 45 times.
- 30 interactions resulted in the arrest of the subject.

See Appendix A for additional data analysis and visualizations.

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1 [acep-task-force-report-on-hyperactive-delirium-final.pdf](#)

2 [“Excited Delirium” and Deaths in Police Custody - PHR](#)

3 Ibid



## Medical Definitions

There have been no rigorous studies to date validating “excited delirium” as a medical diagnosis. The term is not recognized in the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or in the World Health Organization’s International Classification of Diseases (ICD-10). Despite this, “excited delirium” has been routinely used in law enforcement and medical contexts as an official cause of death. Symptoms typically attributed to “excited delirium” include:

- Attraction to glass and water
- Agitation
- Superhuman strength
- Imperviousness to pain
- Tachycardia (rapid breathing)
- Bizarre behavior (including paranoia and hypervigilance)
- Lack of tiring
- Tactile hyperthermia or sweating
- Wide eyes or “lid lift”
- Animal noises

These symptoms are associated with various other conditions, and causal factors may include mental illness, intellectual or developmental disabilities, neurocognitive disorders, substance use, or extreme emotional states.<sup>4</sup> Force Science specifically notes hyperthermia, diabetes, head injury, delirium tremens, and thyroid storm can mimic symptoms of “excited delirium.”<sup>5</sup>

Physical restraints are often used by officers to control individuals in agitated states, causing a heightened risk of positional asphyxia. As the characteristics used to describe “excited delirium” are likely to trigger the use of force and restraint, a significant overlap exists between “excited delirium” diagnoses and restraint-related asphyxia. In a 2020 study, Strommer et al. found some form of restraint was noted in 90% of deaths of people said to be experiencing “excited delirium.”<sup>6</sup> The authors conclude “there is no evidence to support [excited delirium] as a cause of death in the absence of restraint,” underscoring the theory that “excited delirium” does not cause death in unrestrained people.<sup>7</sup>

The use of ketamine and other chemical interventions are also used to sedate individuals displaying these symptoms, in some cases without identifying valid medical conditions warranting their use. Following the death of Elijah McLain, an investigation by KUNC found Colorado paramedics and EMTs administered ketamine 902 times in “excited delirium” cases between January 2018 and June 2020.<sup>8</sup> Complications occurred in over 153 (17%) of cases. Hypoxia and apnea were the most common complications of these 153 cases, with 99 cases of hypoxia (64.6%) and 24 cases of apnea (15.7%).<sup>9</sup>

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4 [Position-Use-of-Term-Excited-Delirium.pdf \(psychiatry.org\)](#)

5 [Excited Delirium: Understanding the Evolution Away from a Controversial Term - Lexipol](#)

6 [The role of restraint in fatal excited delirium: a research synthesis and pooled analysis | Forensic Science, Medicine and Pathology \(springer.com\)](#)

7 [“Excited Delirium” and Deaths in Police Custody - PHR](#)

8 [Medics In Colorado Dosed 902 People With Ketamine For ‘Excited Delirium’ In 2.5 Years | KUNC](#)

9 [kunc\\_request\\_ketamine\\_2018-2020\\_7.10.2020.pdf \(npr-brightspot.s3.amazonaws.com\)](#)



“Excited delirium” and similar terminology have been increasingly criticized as baseless and unscientific diagnoses, often coinciding with substance use or mental illness, and disproportionately used to justify excessive and lethal force against Black men.<sup>10</sup>

## History

The term “excited delirium” was coined by Drs. Charles Wetli and David Fishbane in the 1980s. The Miami doctors used the term to explain “cocaine-induced psychosis and sudden death” in Black men. Wetli and Fishbane later extended the theory to explain the deaths of 12 Black women allegedly found with small amounts of cocaine in their systems, noting, “the male of the species becomes psychotic and the female of the species dies in relation to sex,” and claiming, “we might find out that cocaine in combination with a certain (blood) type (more common in blacks) is lethal.” The cases were later reviewed by Wetli’s supervisor, chief medical examiner Dr. Joseph Favis, who found the deaths of those women, and 20 others between 1980 and 1989, were caused by asphyxiation by a local serial killer. Despite this new evidence, Wetli continued promoting his theory that the women died from a combination of sex and cocaine, as well as his corresponding theory of Black male death from cocaine-related delirium.

In its 2022 report, Physicians for Human Rights (PHR) attributes the increasingly widespread usage of “excited delirium” to researchers and legal defense experts at Axon Enterprise (then TASER International) who “populated the medical literature” with articles on the topic.<sup>11</sup> Dr. Vincint Di Maio, legal defense expert for TASER/Axon, and his wife, Theresa Di Maio, published *Excited Delirium Syndrome: Cause of Death and Prevention* in 2005. The book built on Wetli’s description of “excited delirium” by describing “excited delirium syndrome” as “the sudden death of an individual during or following an episode of excited delirium, in which an autopsy fails to explain the death.” Thousands of copies were distributed for free by TASER/Axon to medical examiners and police chiefs in 2007. Under deposition in 2014, Dr. Di Maio admitted he and his wife had “come up with” the term “excited delirium syndrome.”<sup>12</sup> TASER/Axon provides legal defense for officers on trial for Taser usage in “excited delirium” cases since 2004. The company has also sued medical examiners who find Tasers as a cause of death. As noted by Obasogie (2021):

“The frequent use of Tasers in excited delirium cases that lead to in custody deaths raises the question of whether force by Taser, rather than this unrecognized psychiatric diagnosis, might be causing these deaths. This relationship between Tasers and excited delirium might be explained by the particular commitment that Axon, the main manufacturer of stun guns, has made in promoting excited delirium as a legitimate psychiatric condition that more proximately causes death when its devices are used in an encounter resulting in death.”<sup>13</sup>

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10 [“Excited Delirium” – Often Cited as Cause of Death in Fatal Police Encounters – Is Scientifically Meaningless: PHR Report - PHR](#)

11 Ibid

12 Deposition of Vincent J.M. Di Maio, M.D. at 159:19-21, Harrison v. County of Alameda, No. C11-2868 JST (N.D. Cal. Jan. 24, 2014).

13 [Obasogie 2021.docx](#)



Most recently, “excited delirium” has been cited as a potential cause of death in the murders of Elijah McLain, George Floyd, and Daniel Prude while in police custody.<sup>14</sup> In its analysis, PHR found “excited delirium” is disproportionately used to explain the deaths of Black men following interactions with police.<sup>15</sup> The PHR report further notes Black and Brown individuals are more likely to experience excessive sedative interventions instead of behavioral de-escalation.

Joanna Naples-Mitchell, co-author of the PHR report, states:

“‘Excited delirium’ cannot be separated from its racist and misogynistic origins. Today, the concept of ‘excited delirium’ endangers Black people and other people of color, given that it exploits racist tropes of ‘superhuman strength’ and ‘impervious[ness] to pain’ and perpetuates discrimination in law enforcement settings. Disproportionately used to explain the in-custody deaths of Black men, ‘excited delirium’ is a clear manifestation of systemic racism in both the justice system and in medicine. Its continued use in death investigations and in courts contributes to impunity for police killings.”

Other organizations, both in the United States and abroad, have recently issued statements condemning the concept of “excited delirium” for the reasons outlined by PHR.

## Current Status

Medical and psychiatric organizations have disavowed use of “excited delirium” and similar terminology in law enforcement and medical contexts, instead recommending professionals use valid medical diagnoses to describe symptoms of agitation, delirium, or distress.<sup>16</sup>

In December 2020, the American Psychiatric Association (APA) published a statement describing the term “excited delirium” as too non-specific to meaningfully describe a person’s symptoms and condemning its use until clear diagnostic criteria have been validated. The statement also recommended jurisdictions develop evidence-based protocols for the administration of ketamine and other sedating interventions for emergencies.

The American Society of Anesthesiologists (ASA) issued a press release in July 2020 opposing the use of ketamine for law enforcement purposes.<sup>17</sup> The statement notes, “ketamine is a potent analgesic, sedative and general anesthetic agent which can elevate blood pressure and heart rate, and can lead to confusion, agitation, delirium, and hallucinations. These effects can end in death when administered in a non-health care setting without appropriately trained medical personnel and necessary equipment.”

The American Medical Association (AMA) issued a new policy in 2021 opposing “excited delirium” as it is not an evidence-based medical diagnosis and denouncing its use as a

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14 [Excited delirium: What is it and why the diagnosis and the term itself should be abandoned, according to a new study | CNN](#)

15 For instance, one study found 43% of the sampled excited delirium diagnoses between 2010 and 2020 were attributed to Black individuals. See: [Obasogie 2021](#)

16 See Appendix C for a complete list of organizations condemning “excited delirium.”

17 [ASA Statement on the Use of Ketamine for a Non-medical Purpose | American Society of Anesthesiologists \(ASA\) \(asahq.org\)](#)



sole justification for use of force by law enforcement.<sup>18</sup> The AMA also opposed the use of sedative and dissociative drugs like ketamine as intervention for agitated individuals without a legitimate medical reason, stating “excited delirium” has been disproportionately misapplied to Black and Brown individuals, “who are also more likely to experience excessive sedative intervention instead of behavioral de-escalation.”

Several jurisdictions have also implemented formal policy changes prohibiting the use of “excited delirium” in law enforcement and medical reports.<sup>19</sup> In August 2022, Bay Area Rapid Transit (BART) removed “excited delirium” from the BART Police Department policy manual and instructed officers not to use the term in written reports.<sup>20</sup> The policy change was recommended by the BART Office of the Independent Police Auditor and endorsed by the BART Police Citizen Review Board. Importantly, the BART press release notes the term “agitated delirium” is synonymous with “excited delirium,” both referring to someone in an apparent extreme state of agitation or delirium.

California placed limits on the use of the term “excited delirium” in October 2022. AB-360 prohibits the term from being cited as a cause of death by coroners, medical examiners, or physicians. The law also prohibits police officers from using “excited delirium” to describe an individual in incident reports and deems its use as evidence in civil actions inadmissible.<sup>21</sup>

## Relevance to Seattle Public Safety Concerns

The issues presented by use of “excited delirium” as a diagnosis or description of a medical condition are important to address due to its inclusion in SPD policy under the name “acute behavior disorder.” OIG has also observed the inclusion of synonymous terminology in Seattle’s Community Assisted Response and Engagement (CARE) 911 dispatch training and in the Washington State Criminal Justice Training Commission’s (WSCJTC) 40-hour CIT training.

### SPD Policy

SPD 16.135-POL outlines the department’s response to subjects who appear to be suffering from “acute behavior disorder (ABD).”<sup>22</sup> The policy defines ABD as “a potentially life-threatening syndrome of delirium, dysregulated physiological responses, and aggressive behavior.” A sergeant and a minimum of two officers are required to respond to potential ABD calls. Per SPD 12.135-POL-2, officers should request SFD paramedics to stand by until the subject is under control. SPD 12.135-POL-5 requires officers to document the subject’s symptoms and lists 21 possible signs to watch for, including:

- Altered level of consciousness
- Paranoia, hallucinations, delusions
- Extreme agitation, disorientation
- Shouting or keening (animal noises), unintelligible speech

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18 [New AMA policy opposes “excited delirium” diagnosis | American Medical Association \(ama-assn.org\)](https://www.ama-assn.org)

19 See Appendix B for a complete list of jurisdictions prohibiting use of “excited delirium” terminology.

20 [“Excited delirium” removed from BART Police Department policy manual and will no longer be used in written reports | Bay Area Rapid Transit](#)

21 [Bill Text - AB-360 Excited delirium. \(ca.gov\)](#)

22 [16.135 - Acute Behavior Disorder - Seattle Police Department \(WA\) - PowerDMS](#)



- Panic
- Eyes wide open (bug eyes)
- Insensitivity to pain
- Bizarre and/or aggressive behavior
- Hyperthermia (overheating)
- Sweating, hot to the touch
- Seeking water
- Inappropriate attire or no clothing
- Danger to self or others
- Violence towards others
- Unexpected physical strength and stamina
- Self-harm
- Violence or attraction to glass, reflection, or lights including emergency vehicle lights
- Actual body temperature reading (to document hyperthermia, which is a significant indicator of ABD)

Many of the symptoms included in SPD 16.135-POL are identical to those associated with “excited delirium,” including animal noises, panic, lid lift, imperviousness to pain, bizarre behavior, hyperthermia and sweating, unexpected physical strength, and attraction to glass or lights. The overlapping symptoms, and previous reports of “acute behavioral disorder” as tantamount to “excited delirium,” indicate SPD adherence to the theory of “excited delirium.”

## **CARE 911 Dispatch Training**

OIG staff observed a CARE 911 dispatch training on October 3, 2023. The training teaches dispatchers about “excited delirium” as a medical diagnosis, relying on outdated and detrimental information and excluding the updated context provided in this memo. The training reinforces “excited delirium” as a medical diagnosis where a person is behaviorally out of control, thus providing justification for the use of force and potentially ruling out opportunities for de-escalation. Relatedly, the training misrepresents why individuals “diagnosed” with “excited delirium” often die, suggesting fatalities stem from the condition itself rather than police intervention.

Of note, the Baltimore 911 dispatcher training, which serves as a model policy for SPD and was updated in 2021 after the city underwent a Consent Decree, does not include any mention of “excited delirium” or similar terminology.

## **WSCJTC CIT Training**

In October 2023, OIG staff observed WSCJTC’s 40-hour crisis intervention training for officers employed in Washington. The training included a two-hour module on “acutely agitated behavioral health emergencies” (AABHE) presented by a former officer. The presenter noted AABHE is synonymous with “excited delirium” and cautioned officers to avoid using “excited delirium” in reports due to its controversial status. The presenter listed symptoms associated with AABHE, including bizarre behavior, lid lift, high pain tolerance, animalistic noises, and fatalistic mindset, and characterized the condition as resulting from





“drug use and mental health.” Also discussed was the need for ketamine, nasal Ativan, or other psychiatric interventions to calm highly agitated subjects. The training concluded that “excited delirium” or AABHE itself is fatal, potentially excusing or justifying force by officers.

## Recommendations

It is important to recognize the inaccuracy and potential harm perpetuated by “excited delirium” diagnoses, so OIG offers the following recommendations for SPD and its partners:

1. SPD, SFD, and CARE should reject “excited delirium” as an acceptable diagnosis and remove “excited delirium” and “acute behavior disorder” from trainings and policies.
2. SPD should implement a tactical medical response policy that, at a minimum, includes:
  - a. Prohibition from using the term “excited delirium” or “acute behavior disorder” in police reports and communications with SFD and 911 dispatchers.
  - b. Direction to explain symptoms they witness in an individual without formally providing a medical diagnosis.
  - c. Prohibition from using any form of restraint or transportation which might unreasonably impair an individual’s breathing or respiratory capacity beyond the point when the individual has been adequately controlled. Once the individual is safely secured, officers should promptly check and continually monitor the individual’s condition for signs of medical distress.
3. OIG should work with SPD, SFD, and CARE to continue identifying best practices for crisis intervention and responses for individuals in agitated states.
4. SPD should conduct an evaluation of past data to assess how the term has been applied, including any racial disparities in its use.
5. SPD, SFD, and CARE should continue ensuring medically trained professionals are the primary responders and decision-makers in the management of acute medical emergencies, including mental health and substance use disorder crises.
6. SPD should monitor emerging research and recommendations related to “excited delirium,” particularly concerning Taser use and chemical interventions.





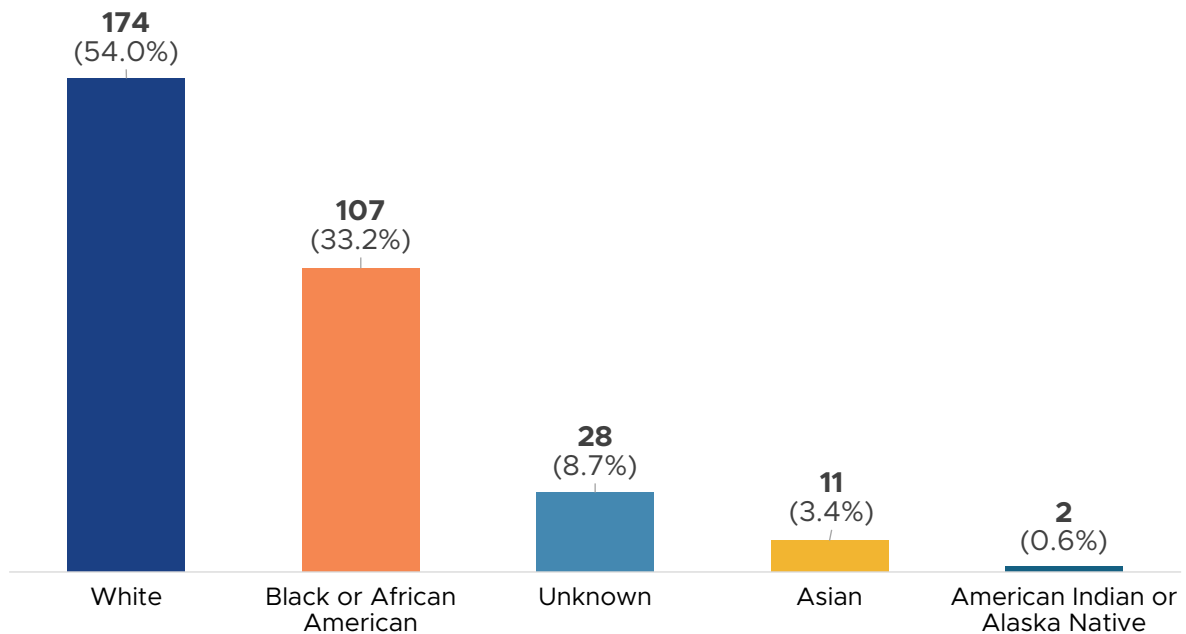
## Appendix A. Exploratory Data Analysis

OIG analyzed Mark43 narrative reports between 2014 and 2023. “Excited delirium” and “acute behavioral disorder” were included in the reports 322 times.

### Subject Demographics

Figure 1 shows “excited delirium” cases by race from 2014 to 2023. White individuals were the most frequent subjects of an “excited delirium” narrative (54%), followed by Black or African American (33%). Between 2014 and 2022, American Indian or Alaska Native individuals had the lowest rates of “excited delirium” cases (3%).

Figure 1. “Excited Delirium” Cases by Subject Race



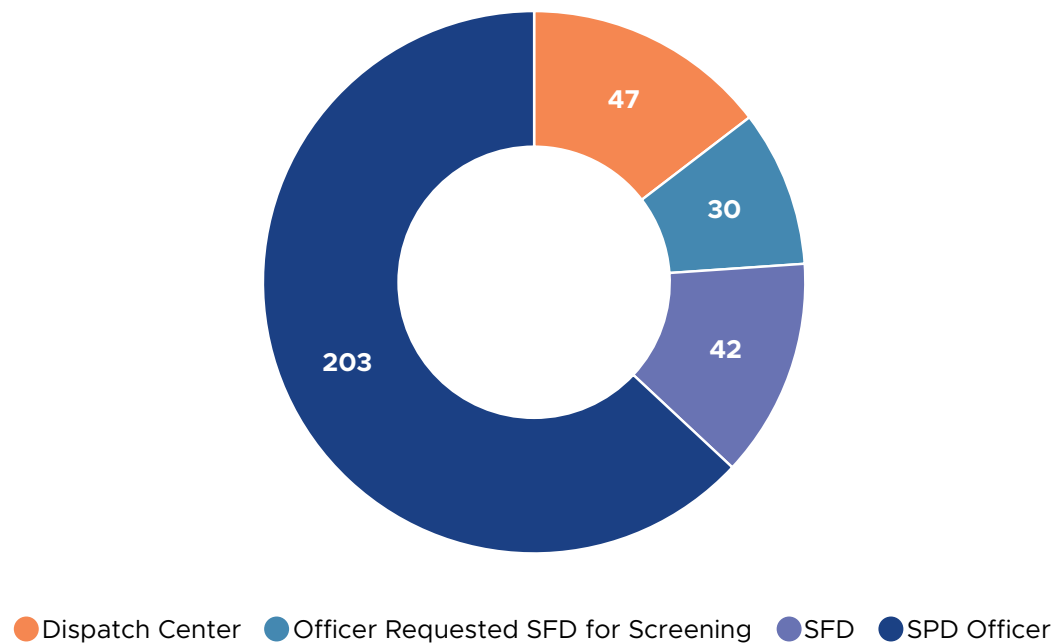
Source: Mark43 and Data Analytics Platform (DAP) Note: OIG identified subject race based on report number. During the subject race identification, OIG found that the DAP’s Use of Force dataset and the Crisis Events dataset have different race categories. The Use of Force dataset includes “Hispanic or Latino” and “Two or more races” categories, which are not present in the Crisis Events dataset. It is uncertain whether the Crisis Events dataset “Unknown” race category captures subjects of Hispanic or Latino origin or those of two or more races.



## Diagnosis/Identification

Figure 2 depicts the percentage of “excited delirium” cases identified by entity and year. Between 2014 and 2023, most “excited delirium” cases were identified/diagnosed by SPD officers (63%), followed by 911 dispatch center (15%) and SFD (13%) respectively.

**Figure 2. “Excited Delirium” Diagnosis/Identification by Entity Between 2014 and 2023**

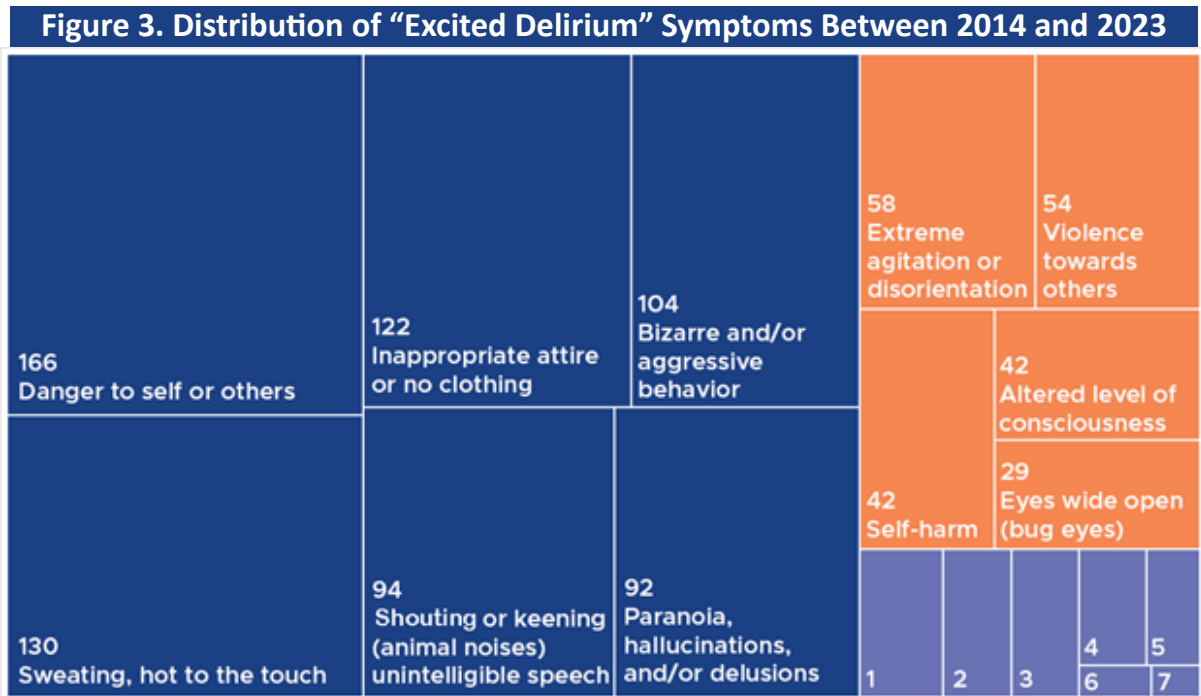


Source: Mark43.



## Identified Symptoms

Figure 3 depicts the distribution of “excited delirium” symptoms between 2014 and 2023. Subject presenting a “danger to self or other” (52%, 166), “sweating (hot to the touch)” (40%, 130), and “inappropriate attire or no clothing” (38%, 122) were the three most common symptoms to determine/mention “excited delirium” or acute behavior disorder in a case. On the other hand, “violence or attraction to glass, reflection, or lights (including emergency lights)” (2%, 8), “hyperthermia (overheating)” (1%, 3), and “insensitivity to pain” (1%, 2) were the three least mentioned symptoms.



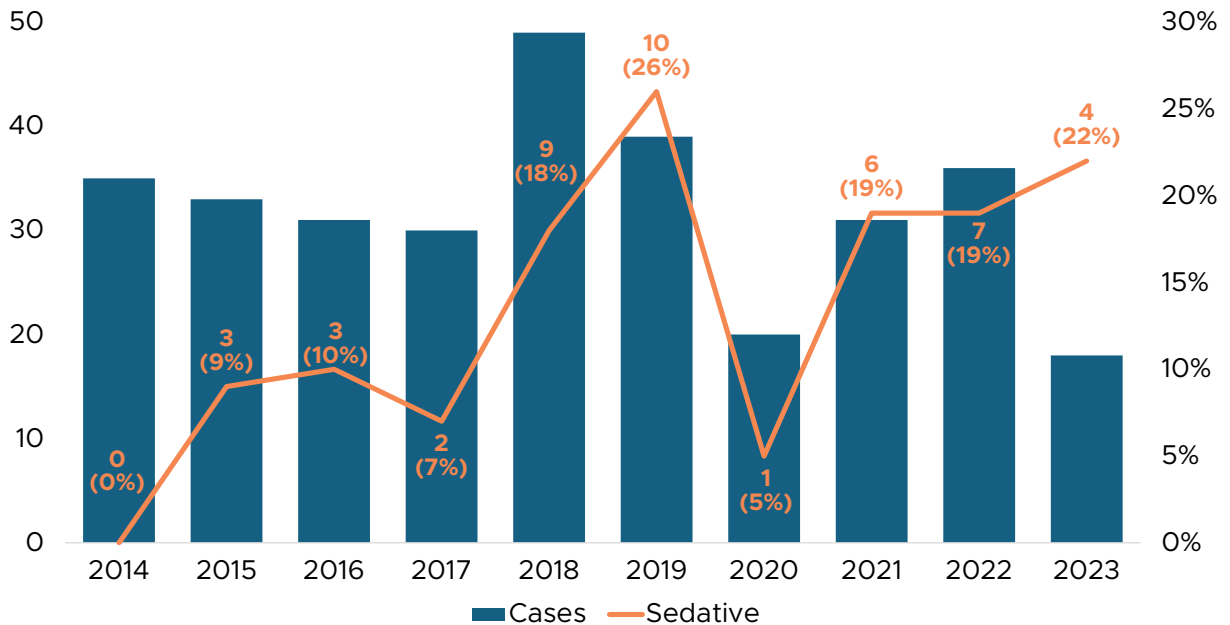
Source: Mark43. 1: Any other vital information (pulse rate, blood oxygen level, blood temperature, etc.) [16]; 2: Unexpected physical strength and stamina [13]; 3: Panic [13]; 4: Seeking water [10]; 5: Violence or attraction to glass, reflection, or lights including emergency vehicle lights [8]; 6: Hyperthermia (overheating) [3]; 7: Insensitivity to pain [2].



## Sedative Interventions

Figure 4 shows the percentage of administration of sedative on individuals experiencing/ diagnosed with “excited delirium.” Aside from 2020, the use of sedative shows an increase trend. 2019 saw the highest percentage of sedative use (26%, 10), followed by 2023 (22%, 4) and 2022 (19%, 7) respectively.

**Figure 4. Percentage of Administration of Sedative by Yearly “Excited Delirium” Cases**



Source: Mark43.



## Appendix B. Prohibitions on "Excited Delirium"

### Department Policy

#### Bay Area Rapid Transit (BART) Police Department<sup>23</sup>

The term "excited delirium" was removed from the BART Police Department (BPD) policy manual and BPD has issued a departmental bulletin informing employees of the change. BPD employees will no longer use the term "excited delirium" in any written reports.

### State Law

#### California<sup>24</sup>

AB-360

"Excited delirium" shall not be recognized as a valid medical diagnosis or cause of death in this state.

Date:	Status:
10/08/2023	Chaptered by Secretary of State - Chapter 431, Statutes of 2023

#### Colorado<sup>25</sup>

CO-HB24-1103

Bill prohibits training for law enforcement personnel, emergency medical service providers, or other first responders from including the term "excited delirium."

Date:	Status:
03/21/2024	Passed

### Proposed Legislation

#### New York<sup>26</sup>

NY-A9414

Prohibits the use of the term "excited delirium" as a diagnosis, label, or cause of death-on-death certificates, autopsy reports, police reports or any report, policy or procedure by a public agency or contractor; prohibits the use of "excited delirium" as an affirmative defense in a civil case or as a defense in a criminal case; defines "excited delirium."

Date:	Status:
03/14/2024	In Committee

#### Hawaii<sup>27</sup>

HI-SB2033

Prohibits "excited delirium" from being recognized as a valid medical diagnosis or cause of death in the State. Prohibits a local health officer or local agent of the Department

23 ["Excited delirium" removed from BART Police Department policy manual and will no longer be used in written reports | Bay Area Rapid Transit](#)

24 [https://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=202320240AB360](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB360)

25 <https://leg.colorado.gov/bills/hb24-1103>

26 <https://www.nysenate.gov/legislation/bills/2023/A9414>

27 [https://www.capitol.hawaii.gov/session/measure\\_indiv.aspx?billtype=SB&billnumber=2033&year=2024](https://www.capitol.hawaii.gov/session/measure_indiv.aspx?billtype=SB&billnumber=2033&year=2024)



of Health from stating on a certificate of death or in any report that the cause of death was “excited delirium.” Prohibits law enforcement officers from using the term “excited delirium” to describe an individual in an incident report. Establishes a new rule of evidence that deems evidence that a person experienced or suffered an “excited delirium” inadmissible in a civil action.

Date:	Status:
01/24/2024	In Committee

#### **Minnesota<sup>28</sup>**

MN-HF4118

A bill for an act relating to public safety; prohibiting use of term “excited delirium” and similar terms to describe mental health status of persons by law enforcement; amending Minnesota Statutes 2022, sections 144.651, subdivisions 2, 6; 390.11, subdivision 2; 609.06, by adding a subdivision; proposing coding for new law in Minnesota Statutes, chapter 626.

Date:	Status:
02/22/2024	In Committee

#### **Massachusetts<sup>29</sup>**

MA-S1567

Resolved, there shall be a special commission which shall make an investigation and study of technology to monitor and protect the health and safety of people in custody; during arrest, transport, detention and incarceration. The commission shall study (i) technology that continuously monitors vital signs and motion of individuals in custody to detect potential danger; (ii) the ability of technology to detect common causes of injuries and deaths in custody, including but not limited to positional asphyxia, excited delirium, suicide, drug overdoses, and falls; (iii) situational uses of such technology, including use of force arrests and mental health crises; (iv) during which processes such technology may be applicable, including arrest, transport, booking, detention, and incarceration; (v) using technology to monitor and report on in-custody health or safety incidents; (vi) safeguards to protect the privacy and rights of individuals being monitored; (vii) cost assessments of the implementing the technology and of the civil liability and social impacts of in-custody injuries or deaths in the Commonwealth.

Date:	Status:
02/16/2023	In Committee

28 <https://www.revisor.mn.gov/bills/bill.php?f=HF4118&y=2024&ssn=0&b=house#actions>

29 <https://malegislature.gov/Bills/193/S1567>



## Appendix C. Law Enforcement Oversight Recommendations Regarding “Excited Delirium”

### **Bay Area Rapid Transit (BART) Independent Police Auditor to BART Police Department<sup>30</sup>** August 2022

OIPA presented proposed policy recommendations to the BART Police Citizens Review Board (BPCRB). In the proposal, OIPA recommended that BPD remove the term from the BPD Policy Manual. The term “excited delirium” was removed from the BART Police Department (BPD) policy manual and BPD has issued a departmental bulletin informing employees of the change. BPD employees will no longer use the term “excited delirium” in any written reports.

### **21CP Solutions Recommendations for Tacoma Police Department (TPD)<sup>31</sup>** March 2021

TPD’s policies, procedures, and training should expressly require a medical-based response when officers encounter individuals believed to be experiencing “excited delirium. The validity and utility of the concept of “excited delirium” is a subject of some debate within the policing, emergency response, and medical professions. If TPD continues, like some other police departments, to find the concept useful as a means of having officers identify individuals who may be in a particularly vulnerable mental and/or physical state, TPD should establish medical response protocols that instruct officers to gain the assistance of EMT, Fire, or other professionals where feasible.

### **Los Angeles County Sheriff Civilian Oversight Commission to Los Angeles Police Department<sup>32</sup>** June 2023

The use of the term “excited delirium” is a discredited phrase not recognized by any medical, psychiatric, or clinical organization. It is a baseless diagnosis to explain the deaths of some people who were killed during police encounters. The use of a baseless term in policy associated with a device (taser) that is attributed with a higher percentage of deaths in a particular race makes this a significant concern.

Los Angeles County Sheriff’s Department has a separate Custody Operations Directive (COD) 22-005,74 which states that personnel must monitor incarcerated people subjected to a use of a taser and immediately summon medical personnel if they were exposed to multiple or prolonged applications or if the incarcerated person is exhibiting “excited delirium.”

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30 [“Excited delirium” removed from BART Police Department policy manual and will no longer be used in written reports | Bay Area Rapid Transit](#)

31 [https://cityoftacoma.org/UserFiles/Servers/Server\\_6/File/cms/CMO/Transformation%20Updates/RecommendationsfortheTacomaPoliceDepartment-21CPSolutionsFinalReport-March%202021.pdf](https://cityoftacoma.org/UserFiles/Servers/Server_6/File/cms/CMO/Transformation%20Updates/RecommendationsfortheTacomaPoliceDepartment-21CPSolutionsFinalReport-March%202021.pdf)

32 [https://file.lacounty.gov/SDSInter/bos/commissionpublications/report/1144932\\_AdHocReport-LASDUseofTasers7-20-2023.pdf](https://file.lacounty.gov/SDSInter/bos/commissionpublications/report/1144932_AdHocReport-LASDUseofTasers7-20-2023.pdf)





## Appendix D. Medical and Psychological Organizations Condemning Use of "Excited Delirium"

### **American Psychiatric Association<sup>33</sup>**

December 2020

The term "excited delirium" (ExDs) is too non-specific to meaningfully describe and convey information about a person. "Excited delirium" should not be used until a clear set of diagnostic criteria are validated.

### **American Medical Association (AMA)<sup>34</sup>**

June 2021

A policy adopted by physicians, residents, and medical students at the AMA Special Meeting of its House of Delegates (HOD) opposes "excited delirium" as a medical diagnosis and warns against the use of certain pharmacological interventions solely for a law enforcement purpose without a legitimate medical reason.

### **National Association of Medical Examiners (NAME)<sup>35</sup>**

March 2023

Although the terms "excited delirium" or "excited delirium syndrome" have been used by forensic pathologists as a cause of death in the past, these terms are not endorsed by NAME or recognized in renewed classifications of the WHO, ICD-10, and DSM-V. Instead, NAME endorses that the underlying cause, natural or unnatural (to include trauma), for the delirious state be determined (if possible) and used for death certification.

### **American College of Medical Toxicology<sup>36</sup>**

May 2023

Medical toxicologists are experts in clinical pharmacology and the management of critically ill undifferentiated patients who may be intoxicated with psychoactive substances. We also have expertise in the selection and interpretation of drug testing in the medicolegal death investigation. The term "excited delirium" was first used to describe agitated patients with cocaine toxicity and later as a cause of death in hyperactive individuals where autopsy failed to identify a more specific lethal medical or traumatic cause. Because the term "excited delirium" is used in multiple distinct contexts with various underlying causes, and has become associated with racism, it is time to discontinue the use of this term. The term "hyperactive delirium with agitation" more accurately describes the undifferentiated presentation of patients with disorientation who appear aggressive or have vital signs suggestive of excessive adrenergic activity. When possible, the underlying cause of death should be listed on the death certificate.

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33 <https://www.psychiatry.org/getattachment/7769e617-ee6a-4a89-829f-4fc71d831ce0/Position-Use-of-Term-Excited-Delirium.pdf>

34 <https://www.ama-assn.org/press-center/press-releases/new-ama-policy-opposes-excited-delirium-diagnosis>

35 <https://name.memberclicks.net/assets/docs/Excited%20Delirium%20Statement%203%20-%202023.pdf>

36 <https://www.acmt.net/news/acmt-position-statement-on-end-the-use-of-excited-delirium/>



**American Academy of Emergency Medicine (AAEM)<sup>37</sup>**

June 2023

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.

**American College of Emergency Physicians (ACEP)<sup>38</sup>**

October 2023

ACEP withdrew their 2009 white paper endorsing the concept of “excited delirium” and recommended the medical community and law enforcement cease use of the term. However, the ACEP press release reaffirmed its April 2023 position recognizing “hyperactive delirium” as a potentially life-threatening clinical condition referring to a “constellation of signs and symptoms” which may require “immediate utilization of pharmacologic and physical interventions.”

**United Kingdom Royal College of Psychiatrists<sup>39</sup>**

September 2022

Defines “acute behavioral disturbance” and “excited delirium” as terminology indicating the state of extreme agitation or distress. The statement references a “clear move in the UK towards ‘ABD’ as a broader umbrella term for a patient presentation of severe agitation, distress and signs of physiological deterioration of unknown cause,” and notes neither ABD nor excited delirium are recognized as medical diagnoses in the DSM-5 or the International Classification of Diseases (ICD-11). The lack of formalized diagnostic criteria results in the inconsistent application of ABD and excited delirium diagnoses in law enforcement contexts, and their disproportionate use in incidents involving police use of excessive and lethal force against people of color.

**United Kingdom Royal College of Pathologists<sup>40</sup>**

October 2020

Guidance issued stating “excited delirium” should not be cited as a sole cause of death and recommending pathologists specifically identify the central cause of fatal clinical conditions.

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37 <https://apps.aaem.org/UserFiles/RevisedAAEMExcitedDelirium9.21.22.pdf>

38 <https://www.acep.org/news/acep-newsroom-articles/aceps-position-on-hyperactive-delirium>

39 [ps02\\_22.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/docs/default-source/policies-and-procedures/ps02_22.pdf)

40 [Excited\\_Delirium\\_Guidance\\_2.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/91111/Excited_Delirium_Guidance_2.pdf)



## Appendix E. Trainings Related to "Excited Delirium"

Department	Training Objective
<b>DPD (1,468) Colorado*</b>	<p>The objective of the training is to create consistent, citywide procedures for responding to incidents involving actual or potential "excited delirium." Information will help Emergency Communication Operators, Police, Fire and Paramedic dispatchers, each front-line Denver Police Officer, Denver Sheriff Deputy, Denver Firefighter, and all Denver Health EMTs and Paramedics recognize the physiological and behavioral indicators associated with "excited delirium". The goal is to protect safety of patients and responders in case of "excited delirium" by acting quickly to ensure an appropriate response from Denver Police, Denver Health EMS, and Denver Fire agencies, whenever possible.</p> <p>Last updated: 02/14/2014</p> <p><a href="https://www.muckrock.com/foi/denver-145/training-material-related-to-excited-delirium-denver-police-department-99141/#comms">https://www.muckrock.com/foi/denver-145/training-material-related-to-excited-delirium-denver-police-department-99141/#comms</a></p>
<b>IMPD (1,700) Indiana*</b>	<p>Training to understand what "excited delirium" is, recognize and respond appropriately to subjects who don't respond to pain compliance, including "excited delirium." Recognize conditions where sudden in-custody death could likely happen. Minimize the risks for sudden in-custody deaths.</p> <p>Last updated: 04/27/2020</p> <p><a href="https://www.muckrock.com/foi/indianapolis-160/training-material-related-to-excited-delirium-indianapolis-metropolitan-police-department-99147/#comms">https://www.muckrock.com/foi/indianapolis-160/training-material-related-to-excited-delirium-indianapolis-metropolitan-police-department-99147/#comms</a></p>
<b>CPD (1,795) Ohio*</b>	<p>"Excited delirium" checklist, in-custody deaths, assessing symptoms associated with "excited delirium" and the use of conducted energy weapons. Treatment options and considerations for "excited delirium."</p> <p>Last updated: 06/01/2019</p> <p><a href="https://www.muckrock.com/foi/columbus-323/training-material-related-to-excited-delirium-columbus-division-of-police-99146/#comms">https://www.muckrock.com/foi/columbus-323/training-material-related-to-excited-delirium-columbus-division-of-police-99146/#comms</a></p>
<b>CMPD (1,817) North Carolina*</b>	<p>Training is intended to provide officers with the knowledge and skills necessary to successfully protect themselves and the public, and also provide assistance to medical personnel who will provide the necessary emergency medical care to subjects experiencing "excited delirium."</p> <p>Last updated: 02/06/2020</p> <p><a href="https://www.muckrock.com/foi/charlotte-161/training-material-related-to-excited-delirium-charlotte-mecklenburg-police-department-99142/#files">https://www.muckrock.com/foi/charlotte-161/training-material-related-to-excited-delirium-charlotte-mecklenburg-police-department-99142/#files</a></p>



Department	Training Objective
<b>Jacksonville Sheriff's Office (2,000) Florida*</b>	<p>Training to provide all sworn officer with information regarding subjects suspected of suffering from intoxication or mental illness. Last updated: 02/11/2020</p> <p><a href="https://www.muckrock.com/foi/jacksonville-326/training-material-related-to-excited-delirium-jacksonville-police-department-99148/#files">https://www.muckrock.com/foi/jacksonville-326/training-material-related-to-excited-delirium-jacksonville-police-department-99148/#files</a></p>
<b>PPD (5,983) Pennsylvania*</b>	<p>Summary of hints to aid police officers. Last updated: 09/2020</p> <p><a href="https://www.muckrock.com/foi/philadelphia-211/training-material-related-to-excited-delirium-philadelphia-police-department-99145/#file-904402">https://www.muckrock.com/foi/philadelphia-211/training-material-related-to-excited-delirium-philadelphia-police-department-99145/#file-904402</a></p>
<b>HPD (5,983) Texas</b>	<p>The 2019 curriculum included information on the Senior Justice Assessment Center (SJAC), updates on the Mental Health Diversion Center, Juvenile Diversion Programs, and Mental Health Warrants. Additionally, the class will cover recognizing and articulating “deterioration” as it pertains to the criteria for Emergency Detentions, and handling emergencies involving Delirium Tremens and Excited Delirium. Last updated: 01/2019</p> <p><a href="https://www.houstontx.gov/police/departments_reports/mhd/Mental-Health-Annual-Report-2019.pdf">https://www.houstontx.gov/police/departments_reports/mhd/Mental-Health-Annual-Report-2019.pdf</a></p>
<b>LAPD (9,059) California*</b>	<p>Trying to recognize signs and symptoms, police response and medical treatment. Last updated: 06/2019 Term prohibited since Jan/2024</p> <p><a href="https://www.muckrock.com/foi/los-angeles-91/training-material-related-to-excited-delirium-los-angeles-police-department-99137/#file-894930">https://www.muckrock.com/foi/los-angeles-91/training-material-related-to-excited-delirium-los-angeles-police-department-99137/#file-894930</a></p>
<b>CPD (11,722) Illinois*</b>	<p>Mental illness and non-normative behavior. “Excited delirium” and dual response: preventing in-custody deaths. Last updated: 05/2018</p> <p><a href="https://www.muckrock.com/foi/chicago-169/training-material-related-to-excited-delirium-chicago-police-department-99144/#files">https://www.muckrock.com/foi/chicago-169/training-material-related-to-excited-delirium-chicago-police-department-99144/#files</a></p>
<b>NYPD (33,541) New York</b>	<p>Define Excited Delirium Syndrome (ExDS). Describe Why Understanding ExDS is Important to a Patrol Officer. Recite the Response Protocol for Dealing with a Suspected ExDS Subject. Identify a Suspected ExDS Subject, the Proper Method to Control an ExDS Subject, the Best Practices for Rendering Aid to an ExDS Subject. Describe the Department Policies and Documentation Procedures for ExDS Cases. Identify Synthetic Marijuana and describe how it is Relevant to ExDS Cases in New York City. Last updated: 04/2022</p> <p><a href="https://nysfocus.com/2023/12/12/new-york-police-nypd-excited-delirium">https://nysfocus.com/2023/12/12/new-york-police-nypd-excited-delirium</a></p>

\*FOI request 7/27/2020; retrieved Q3 2023 Number of sworn officers per department in parenthesis.