MiraCosta College Police Department
MEMORANDUM

DATE: 09-23-2024
TO: MCPD Personnel
FROM: Carrizosa #5522
SUBJECT: Roll Call Training: **Hyperactive Delirium 2024 -** *Redacted*

Description of Training:

Hyperactive delirium is presented as a **medical emergency**, not a behavioral or criminal issue. Dr. Vilke emphasizes that officers and EMS must recognize it early, manage it safely, and avoid outdated terminology such as *excited delirium* (now prohibited under **AB 360**).

1. What Hyperactive Delirium Is

- A **rapid-onset state of extreme agitation**, confusion, and impaired awareness.
- Driven by **underlying medical causes** such as drug intoxication, psychiatric illness, metabolic imbalance, or severe stress.
- Characterized by **heightened sympathetic output**—the body is in a "fight-for-life" physiological state.

2. Key Observable Behavior

- Intense agitation and pacing
- Yelling, incoherent speech, or irrational statements
- Sweating, stripping clothes, or appearing overheated
- Superhuman-seeming strength or resistance
- Fear, panic, or paranoia
- Disorientation and inability to follow commands
- Sudden shifts between aggression and collapse

3. Why It's Dangerous

The risk increases dramatically when the person is restrained in a prolonged struggle or placed in positions that impair breathing.

- Cardiac arrest due to extreme metabolic demand
- Respiratory failure
- Sudden collapse after prolonged struggle
- Rhabdomyolysis, acidosis, and hyperthermia

4. Officer Response Priorities

- **Recognize** the medical emergency early.
- **Call EMS immediately**—do not wait for the subject to "calm down."
- **Use the least amount of force necessary** to allow medical intervention.
- **Avoid prone pressure**, prolonged restraint, or pain-compliance tactics (often ineffective because subjects have **high pain tolerance**, consistent with ACE discussions).
- **Monitor breathing and responsiveness** continuously.

Training Manager: Carlos Carrizosa

MiraCosta College Police Department
MEMORANDUM

- **Transition quickly to medical care**, including cooling, oxygen, and sedation by paramedics when indicated.

5. Communication With EMS

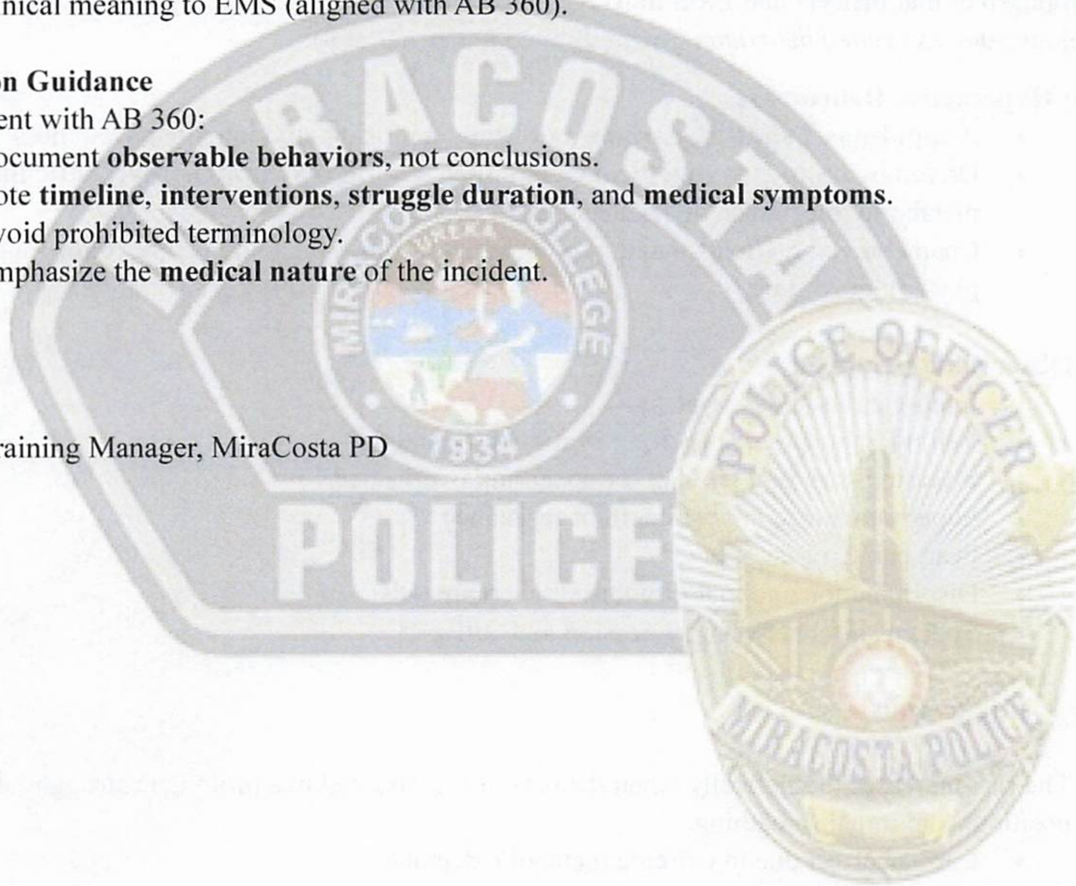
Dr. Vilke emphasizes that officers should **describe what they see**, not use shorthand terms:

- "Subject is extremely agitated, sweating, incoherent, and not responding to commands."
- Avoid terms like *excited delirium* or *ACE*—they are **not medical diagnoses** and have no clinical meaning to EMS (aligned with AB 360).

6. Documentation Guidance

Consistent with AB 360:

- Document **observable behaviors**, not conclusions.
- Note **timeline**, **interventions**, **struggle duration**, and **medical symptoms**.
- Avoid prohibited terminology.
- Emphasize the **medical nature** of the incident.



Respectfully,

Carlos Carrizosa
Police Officer/ Training Manager, MiraCosta PD

Training Manager: Carlos Carrizosa