

Midazolam (Versed)

| | | |
|---|------------------|---|
| Adult Seizures / Status Epilepticus Adult Medical Overdose Airway Management & Intubation Guidelines and Procedure Symptomatic Bradycardia Adult Narrow Complex Regular Tachycardia Adult Narrow Complex Irregular Tachycardia Pediatric Narrow Complex Tachycardia Adult Wide Complex Regular Tachycardia Adult Wide Complex Irregular Tachycardia Pediatric Wide Complex Tachycardia-Monomorphic Pediatric Wide Complex Tachycardia-Polymorphic Pre-Eclampsia / Eclampsia Adult Post-Resuscitation Cardiac Arrest Care Pediatric Post-Resuscitation Cardiac Arrest Care Bites and Envenomations | | |
| P | Adult | 2.5mg IV/IO. May repeat every 3 minutes, as necessary. 5mg IM. May repeat every 5 minutes, as necessary. |
| | Pediatric | 0.3mg/kg IN (max 2mL) <i>If larger volumes are required, IM or IV/IO are preferred.</i> 0.1mg/kg IM (max 5mg). May repeat once after 5 minutes for status epilepticus. 0.1mg/kg IV/IO (max 2.5mg). May repeat once after 3 minutes for status epilepticus. |
| Chemical Sedation for the Agitated and Delirious Patient | | |
| P | Adult | Dosing depends on Behavioral Severity Index (BSI). See guideline directly. |

KEY POINT

Benzodiazepines are not routinely used for prehospital anxiety or skeletal muscle contractions. If a provider is presented with a situation where this is a consideration, MCEP contact is required.

Class:

- Benzodiazepine, Sedative

Description of Use:

- Enhances the action of GABA to produce anxiolytic, hypnotic, anticonvulsant, muscle relaxant, and amnesic effects

Pharmacokinetics: (Route: IV, IM)

- Onset: **IV:** 1-5 mins **IM:** 5-15 mins
- Peak: **IV:** 5-7 mins **IM:** 30-60 mins
- Duration: **IV:** 20-30 mins **IM:** 2-6 hrs
- Half-life: 1-5 hrs

Special Populations:

- Pregnancy Category: D
- Children: Neonates are more likely to have respiratory depression
- Elderly: Age related renal impairment may require dosage adjustment

Contraindications:

- Acute alcohol intoxication, acute narrow-angle glaucoma, coma, shock
- Cautions: Acute illness, severe fluid electrolyte imbalance, renal/hepatic/pulmonary impairment, CHF, treated open- angle glaucoma

Adverse reactions:

- Inadequate or excessive dosage or improper administration may result in cerebral hypoxia, agitation, involuntary movements, hyperactivity, or combativeness
- Too-rapid IV rate, excessive doses, or single large dose increases risk of respiratory depression/arrest, which may produce hypoxia or cardiac arrest