

## MIDAZOLAM (Versed)

### **ACTION: Hypnotic, Sedative, Anti-Seizure**

- Midazolam is a potent, short-acting benzodiazepine with hypnotic and amnestic effects. It has no effect on pain.

### **INDICATIONS:**

- Premedication before cardioversion, external pacing and other painful procedures.
- Seizures (status epilepticus).
- Agitated patient who may be a danger to self or others.

### **CONTRAINDICATIONS:**

- Hypersensitivity
- Shock, with depressed vital signs
- Narrow-angle glaucoma
- Alcoholic coma

### **POTENTIAL SIDE EFFECTS:**

- Laryngospasm
- AMS
- Bronchospasm
- Bradycardia
- Dyspnea
- Tachycardia
- Respiratory depression and arrest
- PVC's
- Drowsiness
- Nausea
- Amnesia
- Vomiting

### **ADULT DOSE/ROUTE:**

- ⇒ **Sedation/Agitation:** 2 - 5mg IM x1 or 1 – 2mg slow push IV/IO. May repeat IV/IO dose in 5 minutes for continued agitation. Maximum total dose 5mg IV/IO.
- ⇒ **Seizure:** 10 mg IM x1 or intranasally (5mg each nostril) or 5mg slow push IV/IO. May repeat IV/IO dose in 5 minutes. Maximum total dose 10mg IV/IO.

### **PEDIATRIC DOSE/ROUTE:**

- ⇒ **Agitation/Sedation/Seizure:** 0.2 mg/kg IV/IM/IO or 0.4 mg/kg intranasally, max single dose 5mg. May repeat initial dose x1 in 5 minutes.

### **NOTES:**

- For adult and pediatric seizures, contact Base Hospital if seizure activity continues after maximum dose is reached and additional doses are required.
- Do not use intranasal route in agitation because amount of absorption in an actively resisting, agitated patients is unknown.
- Midazolam is more potent than diazepam.
- Effects of midazolam may be potentiated if administered with morphine. Contact Base Hospital if considering administering both medications.
- Always be prepared to protect airway and ventilate patients who are given benzodiazepines. Continuous monitoring of vital signs before and after administration is required.