Medical Control Guideline: DRUG REFERENCE – MIDAZOLAM

Classification
Sedative, benzodiazepine

Prehospital Indications
Agitated Delirium: patients requiring restraints for patient and provider safety
Behavioral / Psychiatric Crisis: patients requiring restraints for patient and provider safety
Cardiac Dysrhythmia: sedation prior to and/or during synchronized cardioversion or transcutaneous pacing
Seizure - Active

Other Common Indications
Sedation and amnestic agent in patients undergoing mechanical ventilation or painful procedures

Adult Dose
Agitated Delirium / Behavioral / Psychiatric Crisis
5mg (1mL) IM/IN/IV, repeat x1 in 5 min prn, maximum total dose prior to Base contact 10mg for Agitated Delirium (Psychiatric Crisis requires Base order for any)

Cardiac Dysrhythmia - sedation prior to synchronized cardioversion / transcutaneous pacing
2mg (0.4mL) slow IV/IO push/IM/IN, may repeat every 5 min, maximum total dose prior to Base contact 6mg

Seizure - Active
5mg (1mL) IM/IN/IV, repeat x1 in 2 min prn, maximum total dose prior to Base contact 10mg

Pediatric Dose
Agitated Delirium / Behavioral / Psychiatric Crisis
0.1mg/kg (5mg/mL) IM/IV/IN, dose per MCG 1309, repeat dosing every 5 min prn per Base order

Cardiac Dysrhythmia - sedation prior to synchronized cardioversion / transcutaneous pacing
0.1mg/kg (5mg/mL) IM/IV/IO/IN, dose per MCG 1309, repeat x1 in 2 min prn, maximum 2 doses prior to Base contact, maximum single dose 5mg

Seizure - Active
0.1mg/kg (5mg/mL) IM/IV/O, dose per MCG 1309, repeat x1 in 2 min prn, maximum 2 doses, maximum single dose 5mg OR
0.2mg/kg (5mg/mL) IN, dose per MCG 1309, repeat x1 in 2 min prn, maximum 2 doses prior to Base contact, maximum single dose 5mg

Mechanism of Action
Binds to receptors at several sites within the CNS, potentiates GABA receptor system which produces anxiolytic, anticonvulsant, muscle relaxant, and amnestic effects.

Pharmacokinetics
Onset 3-5 min IV, 15-20 min IM, 6-14 min IN
Duration 1-6 hours IV/IM

Contraindications
Acute alcohol intoxication with altered mental status
Respiratory depression
Shock / Poor perfusion

Interactions
Risk of respiratory or central nervous system depression, increases when used with diphenhydramine, fentanyl, morphine, or other opiate or sedative medications

Adverse Effects
Hypotension
Respiratory depression / arrest

Prehospital Considerations
- Closely monitor respiratory and cardiac function after administration
- For patients with agitated delirium and violent behavior, IM/IN administration is recommended over IV for the initial dose for the safety of EMS personnel.
- If available, waveform EtCO₂ monitoring should be instituted after administration.