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, 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, 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/IO, 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 amnesic 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.