

Subject: Scope of Practice/Procedure – ALS
Benzodiazepines

Associated Policies:

- I. Indications
 - A. Sustained and/or recurrent grand mal seizures.
 - B. Before cardioversion or transcutaneous pacing in conscious patients.
 - C. Moderate to severe pain secondary to muscle spasms unrelieved with splinting or positioning.
 - D. Management of severe anxiety unrelieved by other means. Midazolam ONLY
 - E. Management of the combative patient - Midazolam ONLY
- II. Therapeutic Effects
 - A. Decreased cerebral irritability.
 - B. Relaxes skeletal muscles.
 - C. Sedation
- III. Contraindications
 - A. Absolute:
 - 1. Suspected or know allergy to Benzodiazepines.
 - 2. First Trimester Pregnancy
 - B. Relative:
 - 1. Shock
 - 2. Active labor
 - 3. Trauma to rectum (for rectal administration).
 - 4. Congenital or surgical anomaly of the rectum (for rectal administration)
- IV. Adverse Effects
 - A. Respiratory depression or arrest may be caused or worsened by Benzodiazepines.
 - B. Drowsiness, vertigo, ataxia, transient hypotension
 - C. Rectal injury may occur due to forceful entry of the syringe.
 - D. Inadequate absorption, following rectal administration.
- V. Administration of Diazepam
 - A. Adult:
 - IV - 2.5-20 mg in 2.5 mg increments titrated to effect. May give up to 40 mg in status epilepticus.
 - IM - 5-10 mg.
 - B. Pediatric:
 - IV slow push - 0.1-0.3 mg/kg
 - PR - 0.5 mg/kg (maximum dose 20 mg).
- VI. Administration of Midazolam
 - A. Adult:
 - 1. IV: 1-2.5 mg slow IV (over 2-3 min).

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- may be repeated if necessary, in small increments (total maximum dose to 0.1 mg/kg not to exceed 10 mg)
 - 2. IM: 5 mg (0.07 mg/kg)
 - 3. IN: 5 mg – 10 mg maximum 1 cc volume each nostril.
 - B. Pediatric:
 - 1. IV .05 mg/kg not to exceed 5 mg per dose or 10 mg total.
 - 2. IM 0.1 mg/kg. Further doses up to 0.4 mg/kg. No single dose to exceed 5 mg or 10 mg total.
 - 3. IN: 0.1mg/kg with maximum volume of 0.5 cc each nostril.
- VII. Administration of Lorazepam (Ativan)
- A. Adult:
 - 1. 2 mg IV slow (over 1-2 minutes) every 5 minutes until seizures stop to a maximum of 8 mg.
 - 2. IM – 4 mg single dose
 - 3. IN dosing of 2 mg may be repeated once.
 - B. Pediatric:
 - 1. Seizures: 0.1mg/kg slow IV. May repeat dose once. Additional doses require Base Contact. Maximum single dose of 2 mg.
 - 2. IM – 0.1mg/kg maximum single dose of 2 mg.
 - 3. IN 0.1mg/kg with max dose of 2 mg. Additional doses require Base contact.
 - 4. Cardioversion: 0.05mg/kg slow IV.
- VII. Special Information
- A. Never give without resuscitation equipment available
 - B. Push as close to the hub as possible as benzodiazepines may precipitate if mixed with other drugs or IV solutions.
 - C. Effects of benzodiazepines potentiated with alcohol and other sedatives.
 - D. Painful upon IM administration, unpredictable absorption.
 - E. Do not inject a single IM dose of more than 2 cc. Any dose greater than 2 cc should be administered in multiple injections.
 - F. Maximum volume of IN dose is 1cc to each nostril for adults and 0.5cc for pediatrics.