

Midazolam (Versed)

Indication(s): Hostile/Violent Patient Protocol; Procedural Sedation Protocol, Pain Management Protocol

Contraindications: Hypersensitivity to midazolam or other benzodiazepines. History of severe sleep apnea.

Precautions: Use caution when administering to elderly or debilitated patients, children, and patients with liver disease or low serum albumin as they are more likely to experience CNS adverse effects. Incidence of severe respiratory depression reported therefore, use caution in patients with low respiratory reserve.

Drug Interactions: Use caution with other CNS depressants (Avoid if possible/Monitor). Erythromycin, clarithromycin, ritonavir, itraconazole, ketoconazole, fluconazole and grapefruit juice are inhibitors and can impact metabolism. Fluconazole = prolonged sedation with Midazolam (Avoid if possible/Monitor).

Adverse effects: The most common adverse effects are dose dependant CNS effects: ataxia, dizziness, light-headedness, drowsiness, memory impairment, weakness and fatigue. The more serious, occasionally reported adverse effects are hypersensitivity reactions, mental depression, behavioural problems, paradoxical stimulant reactions, leucopenia, jaundice and hypotension.

Pharmacology: Benzodiazepines promote the binding of a natural inhibitory neurotransmitter "GABA" to its binding site. GABA binding inhibits neuronal firing in select areas of the brain resulting in clinical effects including anxiolysis and sedation. Intensity of action depends on the degree of receptor occupancy (Conc/potency of drug).

Dosage and Administration:

Hostile / Violent Patient: Midazolam 2mg IM/IV (Administered with initial dose of haloperidol only).

Procedural Sedation IV/IO Administration:

Midazolam 2mg IV/IO. Administered with initial dose of haloperidol only. (See Fig 1.1 of protocol for detailed instructions)

Procedural Sedation IM Administration: Midazolam 5mg IM. Administered with initial dose of haloperidol only. (See Fig 1.2 of protocol for detailed instructions)

Pain Management: As an adjunct if required in the event of agitation/delirium following ketamine administration. Midazolam 2mg IV/IM/IO q 10min PRN (Max 2 doses).