

ADULT SEDATION

ALWAYS USE BODY SUBSTANCE ISOLATION PRECAUTIONS

INDICATION

- Agitation / combativeness interfering with critical ALS interventions and airway control or that endangers patient or caregiver
- Cardioversion / Cardiac Pacing

☎ PHYSICIAN CONSULT

- Head injury (airway is stable)
- Multiple system trauma (airway is stable)
- Cardiac pacing / cardioversion having received narcotics

CRITICAL INFORMATION

- Relative contraindications:
 - Nausea / vomiting
 - ALOC
 - Hypotension (SBP < 100)
 - Suspected drug / alcohol intoxication
 - Concomitant narcotic administration in the agitated/ combative patient

TREATMENT

- ALS RMC
- Cardioversion / cardiac pacing- Midazolam 1 mg slow IV/IO push loading dose; may repeat 1-2 mg in 3 minutes to achieve desired degree of sedation
- Agitation / combativeness- Midazolam
 - IV/IO: 2 mg slowly; MR in 3 minutes to maximum dose .1mg/kg.
 - IN: 5 mg (2.5 mg in each nostril)
 - IM: 0.1 mg/kg
- Patients receiving sedation for airway management who have long transport times may receive sedation maintenance doses of **Midazolam** 1 mg IV/IO every 15 minutes

Midazolam for Sedation Weight Based Chart - MAXIMUM DOSE

Kg	Lb	Dose (0.1 mg/kg)
40	88	4 mg
45	99	4.5 mg
50	110	5 mg
55	121	5.5 mg
60	132	6 mg
65	143	6.5 mg
70	154	7 mg
75	165	7.5 mg
80	176	8 mg
85	187	8.5 mg
90	198	9 mg
95	209	9.5 mg
>100	>220	10 mg

SPECIAL CONSIDERATION

- Sedation for airway management does not mandate intubation, but may require airway/ventilation support
- Patients receiving **Midazolam** may experience hypotension

RELATED POLICIES

- Head Trauma T2
- Patient Restraint GPC11
- Continuous Positive Airway Pressure (CPAP) Procedure ALS PR 13