

	<b>M07.1 - MIDAZOLAM (VERSED)</b>	
	MEDICATION STANDING ORDER	<b>HIGH-ALERT MEDICATION <sup>1</sup></b>
Version date: 2023-12-14		Effective date: 2024-01-16 (0700)

INDICATIONS
<ul style="list-style-type: none"> <li>• Active seizures</li> <li>• Chemical restraint</li> <li>• Alcohol / benzodiazepine withdrawal</li> <li>• Stimulant toxicity</li> <li>• Advanced airway maintenance</li> <li>• Procedural sedation</li> </ul>

CONTRAINDICATIONS
<ul style="list-style-type: none"> <li>• True allergy to midazolam</li> <li>• Uncorrected hypotension</li> <li>• Respiratory depression</li> </ul>

SEIZURES		
ROUTE (WORK SCOPE)	INITIAL DOSE	REPEAT DOSE
INTRANASAL (PCP & ABOVE)	10 years & older - 5 mg	Once in 10 minutes if seizure persists or recurs (use alternate nostril)
	12 months to 10 years - 0.2 mg/kg (max = 5 mg/dose)	
INTRAMUSCULAR (PCP & ABOVE)	10 years & older - 5 mg	Every 15 to 30 minutes as required
	12 months to 10 years - 0.2 mg/kg (max = 5 mg/dose)	
INTRAVENOUS (PCP & ABOVE)	12 months & older - 0.05 to 0.1 mg/kg (max = 5 mg/dose)	Every 5 minutes as required
INTRAOSSEOUS (ICP ONLY)		

<b>CHEMICAL RESTRAINT / WITHDRAWAL / STIMULANT TOXICITY</b>		
<b>ROUTE (WORK SCOPE)</b>	<b>INITIAL DOSE</b>	<b>REPEAT DOSE</b>
INTRAMUSCULAR <b>(PCP &amp; ABOVE)</b>	10 years & older - 5 mg	Every 15 to 30 minutes as required
	12 months to 10 years - 0.2 mg/kg (max = 5 mg/dose)	
INTRAVENOUS <b>(PCP &amp; ABOVE)</b>	12 months & older - 0.05 to 0.1 mg/kg (max = 5 mg/dose)	Every 20 minutes as required (max = 20 mg/hr)
INTRAOSSEOUS <b>(ICP ONLY)</b>		

<b>AIRWAY MAINTENANCE</b>		
<b>ROUTE (WORK SCOPE)</b>	<b>INITIAL DOSE</b>	<b>REPEAT DOSE</b>
INTRAVENOUS <b>(PCP &amp; ABOVE)</b>	12 months & older - 0.05 to 0.1 mg/kg (max = 5 mg/dose)	Every 3 - 5 minutes as required (no max)
INTRAOSSEOUS <b>(ICP ONLY)</b>		

<b>PROCEDURAL SEDATION</b>		
<b>ROUTE (WORK SCOPE)</b>	<b>INITIAL DOSE</b>	<b>REPEAT DOSE</b>
INTRAVENOUS <b>(ICP ONLY)</b>	12 months & older - 0.05 to 0.1 mg/kg (max = 5 mg/dose)	Every 3 - 5 minutes to desired level of sedation

<b>NOTES</b>
--------------

- |  |
|--|
| <p>1. ERS HIGH-ALERT MEDICATION: Refer to Shared Health Provincial Clinical Standard - Safety Controls for High-Alert Medications (refer to A03 - HIGH ALERT MEDICATIONS).</p> <p>1. Administer IV / IO by slow push over 60 second.</p> <p>2. During the COVID pandemic IN administration requires extended PPE.</p> <p>3. Benzodiazepines may have more pronounced respiratory and central nervous system effects in the elderly, especially if frail or compromised. Consider smaller doses and slower administration in patients greater than 75 years of age.</p> <p>4. Respiratory depression and hypotension can occur after administration, especially in the post-seizure period. Continuously monitor respiratory and cardiac status. Providers must be prepared to manage the airway, support ventilations, and treat hypotension as required.</p> <p>5. For chemical restraint consider a second agent if patient requires more than 20 mg per hour or contact the Virtual Emergency Care &amp; Transport Resources Service (VECTRS) for on line medical support (OLMS).</p> |
|--|

<b>APPROVED BY</b>	
--------------------	--



Medical Director - Provincial EMS/PT



Associate Medical Director - Provincial EMS/PT

<b>VERSION CHANGES (refer to X08 for change tracking)</b>
---

- |   |
|---|
| <ul style="list-style-type: none"> <li>• Addition of Shared Health Provincial Clinical Standard for high-alert medications</li> </ul> |
|---|