MIDAZOLAM (HYPNOVEL) (C)
(Revised: January 2010)

TYPE: Anticonvulsant and sedative agent [S4]

PRESENTATION:
- 5 mg in 5 ml ampoules
- 15 mg in 3 ml ampoules

ACTIONS:
1. Anticonvulsant – reduces seizure activity
2. Minor tranquilliser
3. Muscle relaxant
   - Onset (IV) 1 – 5 mins
   - Duration: 2 – 3 hours
   - Onset (IM) 2 – 5 mins
   - Duration: ? 2 – 3 hours

USES:
1. Status epilepticus - in a patient who has continual or prolonged seizures.
2. Sedation to manage airway, RSI, sedation of a previously intubated patient.
3. Adjunct to analgesia for injuries where significant muscle spasm is present.
4. To manage agitated & combative patients.
5. To manage autonomic hyperreflexia.

ADVERSE EFFECTS: Depression of level of consciousness - leading to:
   1. Respiratory depression
   2. Loss of airway control
   3. Hypotension

CONTRA-INDICATIONS: Known hypersensitivity

PRECAUTIONS:
1. Haemodynamic instability
2. Respiratory depression

DOSE:

SEIZURES:
   - Adult dose: Up to 0.1 mg/kg IV, over 2 minutes, until fitting ceases.
     Repeat if fitting continues or recurs.
   - Paediatric dose: Up to 0.1 mg/kg IV, over 2 minutes, until fitting ceases.
     Repeat if fitting continues or recurs.
   - I.M: 0.1 mg/kg
     Repeat x 1 after 10 minutes as necessary.

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ADJUNCT TO ANALGESIC USE WITH MUSCLE SPASM:
Following 1 dose of Penthrane or 2 doses of Morphine, if severe pain & muscle spasm are still present –

- Up to 0.05 mg/kg IV over 2 minutes
- Repeat x 1 as required
- Further analgesic doses are to be given with caution

MILD SEDATION TO FACILITATE BASIC AIRWAY MANAGEMENT:

- Up to 0.1 mg/kg over 2 minutes

WHEN USED WITH MORPHINE TO SEDATE FOR AIRWAY MANAGEMENT IN SELECTED PATIENTS:

- Adult: 10 mg IV rapid push (adjusted for patient weight, age and BP)
- Paediatric: 0.1 mg/kg rapid push
- Repeat x 1 as required

WHEN USED WITH SUXAMETHONIUM:

- 0.05 mg/kg IV

WHEN USED TO MANAGE A COMBATIVE OR AGITATED PATIENT:

- Up to 0.1 mg/kg IV, until manageable.
  - May repeat as required to continue management
- IM: 0.1 mg/kg
  - May repeat as required to continue management

If agitation & combativeness is thought due to psychostimulant use:

- Up to 0.2 mg/kg IV, until manageable
  - May repeat as required to continue management
- IM: 0.2 mg/kg *
  - May repeat as required to continue management
  - * Use 0.2 mg/kg dose with caution

All agitated patient management doses may be reduced if there is known or suspected hypotension or hypovolaemia; in frail or elderly patients, or patients with general debility.  

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WHEN USED TO MANAGE A PATIENT WITH AUTONOMIC HYPERREFLEXIA:

After identifying causes and trying appropriate actions and if BP remains elevated then:

- **IV:** 0.05 mg/kg, over one minute,
  May be repeated once after 10 minutes if no fall in BP

- **IM:** 0.1 mg/kg

SPECIAL NOTE:

1: When administering IV for fitting, do not draw up total calculated dose. Administer first 5 mg ampoule; wait briefly for response before giving complete dose.

2: When using 0.2 mg/kg IM doses, the 15 mg/3ml formulation should be used. Exercise caution that this is only used in these circumstances.

3: Elderly patients may be especially sensitive to Midazolam, and advanced age is often a better guide to dosing than weight.