

# MIDAZOLAM (C)

(Revised: February 2019)



**TYPE:** Anticonvulsant and sedative agent [S4]

**PRESENTATIONS:** 5mg in 5ml – glass ampoule  
15mg in 3ml – glass ampoule

**ACTIONS:**

1. Anticonvulsant – reduces seizure activity
2. Minor tranquiliser
3. Muscle relaxant

Onset: **IV** = 1 – 5 minutes; **IM** = 2 – 5 minutes.  
Duration: **IV** = 2 – 3 hours; **IM** = 2 – 3 hours.

<b>USES:</b>	<b>ICP</b>	1. Status epilepticus – in a patient who has continual or prolonged seizures	<b>AP</b>
	<b>ICP</b>	2. Adjunct to analgesia for injuries where significant muscle spasm is present	
	<b>ICP</b>	3. Mild sedation to permit basic airway management	
	<b>ICP</b>	4. Post intubation sedation (as an adjunct to ketamine)	
	<b>ICP</b>	5. To assist in management of agitated and combative patient	

**ADVERSE EFFECTS:** Depression of level of consciousness, leading to:

1. Respiratory depression
2. Loss of airway control
3. Hypotension

**CONTRA-INDICATION:** Known hypersensitivity

**PRECAUTIONS:**

1. Haemodynamic instability
2. Respiratory depression

**continues over**

# MIDAZOLAM (C) – cont.



## DOSES:

### SEIZURES

ADULT and PAEDIATRIC:

ICP	IV: up to 0.1mg/kg IV over 2 minutes, until fitting ceases. Repeat if fitting continues or recurs.	
	AP – IM: 0.1mg/kg. Repeat once after 10 minutes, if necessary.	AP
ICP	ICP – IM: 0.1mg/kg. Repeat after 10 minutes, as required.	

### ADJUNCT TO ANALGESIC USE WITH MUSCLE SPASM

ADULT and PAEDIATRIC:

ICP	Following 1 dose of methoxyflurane or 2 doses of morphine, if severe pain and muscle spasm are still present: Up to 0.05mg/kg IV over 2 minutes Repeat once, if required Further analgesic doses are to be given with caution.	
-----	---	--

### MILD SEDATION TO FACILITATE BASIC AIRWAY MANAGEMENT

ADULT and PAEDIATRIC:

ICP	Up to 0.1mg/kg over 2 minutes.	
-----	--------------------------------	--

### POST-INTUBATION SEDATION (AS AN ADJUNCT TO KETAMINE)

ADULT and PAEDIATRIC:

ICP	IV / IO: 0.05mg/kg	
-----	--------------------	--

### WHEN USED TO MANAGE A COMBATIVE OR AGITATED PATIENT

ADULT: (only as a *second line agent*, post ketamine or droperidol)

ICP	IV: up to 0.05mg/kg, until manageable. May repeat as required to continue management.	
ICP	IM: 0.05mg/kg. May repeat as required to continue management.	

PAEDIATRIC: (may be used as a first line agent, where appropriate)

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

#### All agitated patient management doses may be reduced:

- If there is known or suspected hypotension or hypovolaemia
- In frail or elderly patients
- For patients with general debility