




Jackson Hole Fire/EMS Operations Manual

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Title: **Medication Protocol:
Midazolam**

Division: 17

Article: 1.24

Revised: August 2011

Pages: 2

MIDAZOLAM (Versed) (Medication Protocol)

EMT-INTERMEDIATE PROVIDERS

NOT AUTHORIZED

PARAMEDIC PROVIDERS

STANDING ORDER

CLASS: Short-acting benzodiazepine

**PHARMACOLOGY/
ACTIONS:** Midazolam is a water-soluble short-acting benzodiazepine that is metabolized by the liver and excreted in the urine. It binds benzodiazepine receptors and enhances GABA central nervous system effects.

ONSET/DURATION: Onset: 1 – 3 min (IV); Duration: 2-6 hr

**USE IN FIELD/
INDICATIONS:**

- Sedation for Cardioversion/Transcutaneous pacing
- Sedation after tracheal intubation
- Seizures
- Chemical restraint in combative patient
- Adjunct for pain management

CONTRAINDICATIONS: Hypersensitivity, glaucoma (relative), shock, coma, ETOH intoxication (relative, may be used for ETOH withdrawal), depressed vital signs, Concomitant use of with significant barbiturates, alcohol, narcotics, or other CNS depressants used by the patient.

SIDE EFFECTS: Respiratory depression, hiccup, cough, over sedation, nausea and vomiting, headache, blurred vision, fluctuation in vital signs, hypotension, respiratory arrest

DRUG INTERACTIONS: Sedative effect of midazolam accentuated by concomitant use of barbiturates, alcohol, or narcotics.

ROUTE: IM, IV, IO, Intranasal

DOSAGE:	ADULT	PEDIATRIC (<45 kg)
Adult:	1-4 mg slow IV/IO/IM/ Intranasal may be repeated in 3-5 minutes if necessary (total max dose not to exceed 0.1 mg/kg without medical control approval)	Loading dose 0.05-0.1 mg/kg IV/IM/IO/Intranasal; then repeat as needed in 3-5 minutes. Max single dose 4 mg.
Note:	In Elderly or patients with known liver disease, lower dosage should be used due to impaired metabolism.	

PREGNANCY SAFETY: Category D – Positive risk to fetus, maternal benefit may outweigh risk to fetus

COMMENTS: **SCHEDULE IV Controlled Substance:**
Security protocol is the responsibility of Jackson Hole Fire/EMS.

DEA Schedule IV drug with potential for abuse.
Provide continuous monitoring of respiratory and cardiac function. Have resuscitation equipment available. Never administer as rapid push IV bolus, which may lead to profound hypotension and/or respiratory impairment.