

# ADULT SEDATION

ALWAYS USE STANDARD PRECAUTIONS

## INDICATION

- Cardioversion / Cardiac Pacing
- Agitation / combativeness interfering with critical ALS interventions and airway control or that endangers patient or caregiver
- Patients unable to tolerate opioids (e.g. Morphine Sulfate or Fentanyl) for pain management

## PHYSICIAN CONSULT

- Head injury (airway is stable)
- Multiple system trauma (airway is stable)
- Concomitant administration of **opioids** and **Midazolam**

## CRITICAL INFORMATION

- Relative contraindications:
  - Nausea / vomiting
  - ALOC
  - Hypotension (SBP < 100)
  - Suspected drug / alcohol intoxication

## TREATMENT

- ALS RMC, including ETCO<sub>2</sub>
- Cardioversion / cardiac pacing
  - If patient is conscious, administer **Midazolam** 1 mg slow IV/IO. May repeat 1 mg every 3 minutes to desired degree of sedation. Maximum dose = 0.05 mg/kg.
  - **Opioids** for pain management as needed per Adult Pain Management, ATG 2
- Agitation, combativeness or for patients unable to tolerate Morphine Sulfate- administer **Midazolam**
  - IV/IO: 1 mg slowly; MR q 3 minutes to maximum dose 0.05 mg/kg.
  - IN: 5 mg (2.5 mg in each nostril)
  - IM: 0.1 mg/kg; MR x 1 in 10 minutes
- 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 for IV/IO only

| Kg   | Lb   | Dose (0.05 mg/kg) |
|------|------|-------------------|
| 40   | 88   | 2 mg              |
| 45   | 99   | 2.25 mg           |
| 50   | 110  | 2.5 mg            |
| 55   | 121  | 2.75 mg           |
| 60   | 132  | 3 mg              |
| 65   | 143  | 3.25 mg           |
| 70   | 154  | 3.5 mg            |
| 75   | 165  | 3.75 mg           |
| 80   | 176  | 4 mg              |
| 85   | 187  | 4.25 mg           |
| 90   | 198  | 4.5 mg            |
| 95   | 209  | 4.75 mg           |
| >100 | >220 | 5 mg              |

**SPECIAL CONSIDERATION**

- Sedation for airway management does not mandate intubation, but may require airway/ventilation support
- Patients receiving **Midazolam** may experience hypotension
- Prior to arrival, prehospital personnel must notify the receiving facility of any patient with a known history of violence, or behavior which may pose a risk to staff (disruptive, uncooperative, aggressive, unpredictable).

**RELATED POLICIES**

- Patient Restraint GPC11
- Continuous Positive Airway Pressure (CPAP) Procedure ALS PR 13
- External Cardiac Pacing Procedure ALS PR 11
- Adult Pain Management ATG 2