

MIDAZOLAM (Versed) EMSAC FEBRUARY 2026

ACTION: Hypnotic, Sedative, Anti-Seizure

- Midazolam is a potent, short-acting benzodiazepine with hypnotic and amnestic effects. It has no effect on pain.

INDICATIONS:

- Agitated patient who may be a danger to self or others
- Premedication/sedation before cardioversion, external pacing and other painful procedures.
- Status epilepticus
- Severe alcohol withdrawal (BAWS Score ≥ 3)

CONTRAINDICATIONS:

- Hypersensitivity
- ~~Narrow-angle glaucoma~~
- ~~Shock, with depressed vital signs, unless being used for cardioversion~~
- ~~Alcoholic coma~~

POTENTIAL SIDE EFFECTS:

- Laryngospasm
- Bronchospasm
- Dyspnea
- Hypotension
- Respiratory depression and apnea ~~arrest~~
- Drowsiness
- Amnesia
- ~~AMS~~
- Bradycardia
- Tachycardia
- ~~PVC's~~
- ~~Nausea~~
- ~~Vomiting~~

ADULT DOSE/ROUTE:

- ⇒ **Agitation:** 5mg IM x1 or 5 mg slow push IV/IO. Maximum total dose 5mg IV/IO
- ⇒ **Pre-medication sedation:** 2.5mg IV X1 slow push, may repeat X1 after 5 minutes if needed (Max dose 5mg IV).
- ⇒ **Status epilepticus:** 10 mg IM x 1 (preferred) or intranasally (5mg each nostril) or 10mg slow push IV/IO. Maximum total dose 10mg.
- ⇒ **Severe Alcohol Withdrawal:** 2.5mg IV. Reassess BAWS score after 5 minutes and if ≥ 3 and administer additional dose 2.5mg (maximum total dose is 5mg IV)

PEDIATRIC DOSE/ROUTE:

- ⇒ **Agitation:** 0.1 mg/kg IM (Max 5mg) x1 or 0.05 mg/kg (Max 5mg) slow push IV/IO. May repeat IV/IO dose in 5 minutes for continued agitation. Maximum total dose is 5 mg IV/IO.
- ⇒ **Premedication sedation:** 0.05mg/kg (max 4mg) slow push IV
- ⇒ **Status epilepticus:** 0.2 mg/kg IM x1 (preferred) (Max 10mg) or intranasally (half in each nostril) or 0.2 mg/kg slow push IV/IO. Maximum total dose 10 mg.

NOTES:

- Always be prepared to protect airway and ventilate patients who are given benzodiazepines.
~~Continuous monitoring of vital signs before and after administration is required.~~
- All patients should have continuous cardiac, EtCO₂, pulse-oximetry monitoring with

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frequent reassessment OR documentation as to why monitoring was limited.

- Do **not** use intranasal route in agitation because the amount of absorption in an actively resisting, agitated patients is unknown.
- Patients in alcohol withdrawal are at higher risks of seizures. If the patient seizes, follow protocol 2.13 and give standard doses of midazolam, as indicated.
- Contact Base Hospital if seizure activity continues after maximum dose is reached and additional doses are required.
- Effects of midazolam may be potentiated if administered with opiate pain medications. Contact Base Hospital if considering administering both medications.

*Effective: xx/xx/xx
Supersedes: 4/1/25*

DRAFT