MIDAZOLAM (Versed)
PUBLIC COMMENT NOVEMBER 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

POTENTIAL SIDE EFFECTS:

- Hypotension
- Respiratory depression and apnea
- Drowsiness
- Amnesia
- Bradycardia
- Tachycardia

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 (preferred) slow push, may repeat X1 after 5 minutes if needed (Max dose 5mg IV)or 2.5 mg IM X1, may repeat X1 after 5 minutes if needed (Max dose 5mg IM)

⇒ **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 2.5mg) slow push IV (preferred) or 0.05 mg/kg IM X1 (max 2.5 mg) may repeat X1 after 5 minutes if needed. Maximum total dose is 5 mg IM

⇒ **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.
- All patients should have continuous cardiac, EtCO2, pulse- oximetry monitoring with 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

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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: x/x/xx
Supersedes: 10/1/26

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