### INDICATION
- Anxiety communicated by patient not relieved with other calming measures.
- Combative behavior that endangers patient or caregivers. This is considered to be chemical restraint; careful detailed documentation is required when using sedation for this purpose.
- Sedation prior to ALS treatment that may cause anxiety.
  - Anticipated cardioversion (in the conscious patient).
  - Anticipated cardiac pacing (in the conscious patient).
- Signs of excited delirium; a condition that manifests as a combination of delirium, psychomotor agitation, anxiety, hallucinations, speech disturbances, disorientation, violent and bizarre behavior, insensitivity to pain, elevated body temperature, and superhuman strength.

### PROCEDURE
- If BLS measures are unsuccessful at calming patient, consider:
  - **Midazolam**:  
    - **Adult**: IV/IO: 2 mg initial dose; may repeat twice to a MAX total dose of 6 mg.  
      IM: 5 mg; may repeat once in 15 min.  
      IN: 5 mg ½ in each nostril; may repeat once in 15 min.  
    - **Use extreme care and give half-dose increments to patients > 65 years of age.**  
    - **Base contact required for additional dosing.**
  - **Pediatric**: IM/IN ONLY; **Not locally indicated in patients < 5 kg. Base contact required for additional dosing.** Administer according to PediaTape weight calculation and [Pediatric Medication Reference Cards](#).

  - Patients receiving midazolam frequently experience decreased respirations and hypotension. Midazolam must be administered slowly if given intravenously IV.
  - Administer supplemental oxygen and consider a 1 time 250 mL bolus of IV saline prior to midazolam administration.
  - Be prepared to manage patient’s airway.

#### BASE HOSPITAL ORDERS
- The use of midazolam in conjunction with fentanyl requires base hospital consultation.

### KEY CONCEPTS
- Airway management in the sedated patient does not necessarily mandate advanced airway management; assess the patient’s ability to protect his / her own airway.