

HEALTHEAST MEDICAL TRANSPORTATION
MEDICAL OPERATIONS MANUAL

1D ANXIETY and SEDATION MANAGEMENT

PATIENT CARE GOALS

- Acknowledge and treat anxiety associated with emergent conditions.
- Provide sufficient sedation for the performance of potentially painful procedures.

EMT

1. Attempt to calm the anxious patient with coaching and reassurance.

PARAMEDIC

2. When IV benzodiazepines or other sedatives are administered, patients should be monitored for hypoxia and hypoventilation using pulse oximetry and capnography.

| ADULT | PEDIATRIC (less than 60 kg) |
|--|---|
| <p><u>Moderate sedation for anxiety/agitation¹</u></p> <ol style="list-style-type: none"> 1. Administer lorazepam (Ativan) 1 to 2 mg IV/IO slowly, diluted with an equal volume of IV fluid and titrated to effect. May repeat dose once in 15 minutes, if needed. Maximum total dose is 4 mg. <p>OR</p> <p>Administer lorazepam (Ativan) 1 to 2 mg IM, undiluted. May repeat dose once in 15 minutes, if needed. Maximum total dose is 4 mg.</p> <p>OR</p> <p>Administer lorazepam (Ativan) 1 to 2 mg IN, undiluted. May repeat dose once in 15 minutes, if needed. Maximum total dose is 4 mg. 2. Be prepared to support ventilations. </p> | <p><u>Moderate sedation for anxiety/agitation¹</u></p> <ol style="list-style-type: none"> 1. Administer lorazepam (Ativan) 0.1 mg/kg IV/IO slowly, diluted with an equal volume of IV fluid and titrated to effect. May repeat dose once in 15 minutes, if needed. Maximum total dose is 4 mg. <p>OR</p> <p>Administer lorazepam (Ativan) 0.1 mg/kg IM, undiluted. May repeat dose once in 15 minutes, if needed. Maximum total dose is 4 mg.</p> <p>OR</p> <p>Administer lorazepam (Ativan) 0.1 mg/kg IN. If small volume, add normal saline until total volume equals at least 1 mL. May repeat dose once in 15 minutes, if needed. Maximum total dose is 4 mg. 2. Be prepared to support ventilations. </p> |
| <p><u>Deep procedural sedation³ (cardioversion, external cardiac pacing, etc.)</u></p> <ol style="list-style-type: none"> 1. Always assess for hypoxia and correct before administering any sedatives. 2. Administer midazolam (Versed) 5 mg IV/IO slowly, titrated to effect. May repeat every 5-10 minutes as needed. | <p><u>Deep procedural sedation³ (cardioversion, external cardiac pacing, etc.)</u></p> <ol style="list-style-type: none"> 1. Always assess for hypoxia and correct before administering any sedatives. 2. Administer midazolam (Versed) 0.1 mg/kg IV/IO slowly, titrated to effect. May repeat every 5-10 minutes as needed. |

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| ADULT | PEDIATRIC (less than 60 kg) |
|--|--|
| <p>OR</p> <p>If vascular access is not already available or not likely, administer midazolam (Versed) 10 mg IN. This route may require up to 5 minutes to take effect.</p> <ul style="list-style-type: none"> • If the desired level of sedation does not occur within 5 minutes, a second IN dose can be given at one half the initial dose. • Once sedation has been achieved, vascular access should be obtained prior to performing procedure. • The typical duration of effect for intranasal midazolam (Versed) is 20 to 30 minutes. <p>4. Be prepared to support ventilations if not already in progress.</p> | <p>OR</p> <p>If vascular access is not already available or not likely, administer midazolam (Versed) 0.2 mg/kg IN.² This route may require up to 5 minutes to take effect.</p> <ul style="list-style-type: none"> • If the desired level of sedation does not occur within 5 minutes, a second IN dose can be given at one half the initial dose. • Once sedation has been achieved, vascular access should be obtained prior to performing procedure. • The typical duration of effect for intranasal midazolam (Versed) is 20 to 30 minutes. <p>4. Be prepared to support ventilations if not already in progress.</p> |

DOCUMENTATION KEY POINTS

- Suspected cause of the anxiety and agitation.
- Assessment of potential life-threatening conditions.
- Non-pharmacological methods used to calm the patient (if appropriate).
- Indication for sedation and ongoing assessment following administration of sedation.
- Initial and ongoing assessments, monitoring, interventions, patient response, and complications (if any) encountered.

NOTES

¹ Anxiety and agitation can be symptoms of fear and/or pain but may be symptomatic for potentially life-threatening conditions such as hypoxia, hypotension, hypoglycemia, and altered mental status. Assess for and treat the causes of any physiological conditions before sedating the anxious and agitated patient.

² Due to the small volumes required for pediatric patient when administering IN **midazolam (Versed)**, draw the medication into a syringe and add 1 mL normal saline to the syringe.

³ Deep procedural sedation is desired for cardioversion, external pacing, and following endotracheal intubation. It should also be considered in the event that a patient shows signs of awareness during CPR.