

12.07 CHEMICAL SEDATION FOR VENTILATOR-DEPENDENT AND AGITATED PATIENTS CCT PARAMEDICS

- These procedures/interventions shall only be performed by paramedics with CCT-P (Critical Care Transport-Paramedic) training and designation.
- Patients shall be placed and maintained on cardiac and pulse oximetry monitors during transport.
- Signed transfer orders from the transferring physician must be obtained prior to transport and must provide for maintaining the chemical sedation during transport.
- If patient meets the criteria for chemical sedation and no orders are given see guidelines for administration of **Midazolam** below.

Ventilator Dependent Patients

- Apply soft restraints if appropriate.
- Continuously monitor oxygen saturation, end-tidal CO₂, heart rate, blood pressure and LOC.
- Guidelines for the administration of **Midazolam** for adults 12 years or older:
 - **Midazolam** 2 – 4 mg slow IV push
 - May repeat dose every 20 – 30 minutes as needed for sedation. Maximum total dose is 10 mg.
 - Use IM only if IV access is unavailable. IM dose is 3 – 5 mg, given deep into a large muscle mass. Maximum total dose is 10 mg.
 - May repeat IM dose every 60 – 90 minutes as needed for sedation.

Agitated Patients

- Continuously monitor oxygen saturation, end-tidal CO₂, heart rate, blood pressure and LOC
- Guidelines for the administration of **Midazolam** for adults 12 years or older:
 - **Midazolam** 2 – 4 mg slow IV push
 - May repeat with smaller IV dose of 1 – 2 mg every 20 – 30 minutes as needed for sedation. Maximum total dose is 6 mg
 - Use IM only if IV access is unavailable. IM dose is 3 – 5 mg, given deep into a large muscle mass
 - May repeat with smaller IM dose of 1 – 3 mg every 60 – 90 minutes as needed for sedation. Maximum total dose is 6 mg.
- Assess for sedative side effects. **Midazolam** is 3 – 4 times more potent than Diazepam.
- The half-life of **Midazolam** is < 2 hours.
- Onset of action is usually 2 – 5 minutes. Wait after each incremental dose to assess effect. A total dose greater than 6 mg is usually not necessary.
- Serious cardio-respiratory complication may occur. These include respiratory depression, apnea, respiratory arrest and/or cardiac arrest. Resuscitation equipment should be immediately available.
- Hypotension has been noted, particularly with concomitant narcotic administration.
- Use 25 – 33% less **Midazolam** if narcotics are co-administered or administered prior to arrival.