

SCOPE: ALS, CCT	
MEDICATION:	DIAZEPAM (Valium)
INTERVENTION:	<p><u>Classification:</u> Benzodiazepine; Anticonvulsant</p> <p><u>Actions:</u> Enhancement of the inhibitory effect of GABA on neuronal excitability results by increased neuronal membrane permeability to chloride ions. This shift in chloride ions results in hyperpolarization (a less excitable state) and stabilization</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> • Hypersensitivity • Acute narrow-angle or untreated open-angle glaucoma • Myasthenia gravis • Severe respiratory impairment • Severe hepatic impairment <p><u>Precautions:</u></p> <ul style="list-style-type: none"> • Hepatic impairment • Renal impairment • Impaired gag reflex • Respiratory diseases • PREGNANCY RISK FACTOR: D <p><u>Dosage:</u></p> <p>I. <u>Anxiolysis and/or Intractable Nausea/Vomiting:</u></p> <ol style="list-style-type: none"> a. <u>Adult:</u> <ol style="list-style-type: none"> i. IV/IO: 2-10 mg every 10 min (max total 20 mg) b. <u>Pediatric:</u> <ol style="list-style-type: none"> i. IV/IO: 0.1 mg/kg every 30 minutes (max total dose 20mg) <p>II. <u>Seizure:</u></p> <ol style="list-style-type: none"> a. <u>Adult:</u> <ol style="list-style-type: none"> i. IV/IO: 2-10 mg slow IV push, repeat x2 (max total 30mg) b. <u>Pediatric:</u> <ol style="list-style-type: none"> i. IV/IO: 0.1mg/kg (5mg max) c. <u>Neonatal (unresponsive to phenobarbital):</u> <ol style="list-style-type: none"> i. IV/IO: 0.5-1 mg/kg, repeat every 15min x2 (max dose 3mg/kg) <p>III. <u>High Risk OB Hypertensive Disorder:</u></p> <ol style="list-style-type: none"> a. <u>Adult:</u> <ol style="list-style-type: none"> i. IV/IO: 5-10 mg slow IV push, may repeat q 5-10 mins <p><u>Onset of Action:</u></p> <ol style="list-style-type: none"> I. Sedation: Pediatric patients: IV: 4 to 5 minutes II. Status epilepticus: IV: 1 to 3 minutes; Rectal: 2 to 10 minutes <p><u>Duration:</u></p>

If this is a patient care policy, the information contained herein is used to provide guidance in the care of patients, but should not, and does not replace or preclude the use of clinical judgment.

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PROTOCOL

- I. Sedation: Pediatric patients: 60 to 120 minutes
- II. Status epilepticus: 15 to 30 minutes

Adverse Effects: Hypotension, localized phlebitis, vasodilatation, amnesia, ataxia, confusion, depression, drowsiness, dysarthria, fatigue, headache, slurred speech, vertigo, blurred vision, diarrhea, nausea, respiratory depression, paradoxical reaction

Special Considerations:

- I. N/A