

**CENTRAL CALIFORNIA**  
**EMERGENCY MEDICAL SERVICES**  
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 540.12
Subject	Critical Care Paramedic Treatment Protocols	Page 1 of 2
	<b>SEDATION FOR VENTILATOR/AGITATED PATIENTS</b>	
References	California Code of Regulations Title 22, Division 9, Chapter 4	Effective 06/01/2018

I. PURPOSE

To provide chemical sedation for ventilator dependent and agitated patients.

II. POLICY

**Only authorized CCPs will be permitted to utilize sedation without base hospital contact.** Midazolam will be used for:

- A. Ventilator dependent patients requiring sedation or restraint due to agitation, restlessness and/or anxiety that is compromising the patient’s stability.
- B. Non-intubated agitated patients requiring sedation or restraint due to restlessness or anxiety or anxiety that is compromising the patient’s stability or safety of the patient or staff.

III. PROCEDURE

- A. Ventilator/Agitated patients:
  - 1. Continuously monitor oxygen saturation, waveform capnography, ETCO<sub>2</sub>, heart rate, blood pressure, and level of consciousness.
  - 2. Orders for the administration of midazolam shall be consistent with Policy 540 Attachment A - CCEMSA CCP Transfer Form
  - 3. Midazolam slow IV push is used for all non-intubated patients.
- B. The following parameters shall apply to all patients with pre-existing midazolam infusions:
  - 1. The infusion concentration and regulation of the infusion rate will occur within the parameters as defined by the transferring physician, but may be titrated to the individuals response during transport.
  - 2. In cases of **severe respiratory depression, partial airway obstruction (especially when combined with narcotics), hypotension, and excessive sedation** the medication infusion will be discontinued and notify the base physician.
  - 3. Maintain Systolic blood pressure greater than 90mmHg

IV. SPECIAL CONSIDERATIONS

- A. Assess for sedative effects. Midazolam is 3 – 4 times more potent than diazepam. The half-life of midazolam is < 2 hours.

Approved By	<b>Daniel J. Lynch</b> (Signature on File at EMS Agency)	Revision
EMS Director		
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- B. Onset of action of Midazolam is usually 2 – 5 minutes. Wait after each incremental dose to assess effect. A total dose greater than 6 mg is usually not necessary.
- C. Serious cardiorespiratory adverse events have occurred. These include respiratory depression, apnea, respiratory and/or cardiac arrest. Resuscitative equipment should be immediately available.
- D. Hypotension has been noted, particularly with concomitant narcotic administration.
- E. Decrease the dose of midazolam by 50% if the patient is hypovolemic.
- F. Children under age of 6 years old may require relatively larger doses than older children.
- G. Dosage reductions are recommended for patients in CHF, septic shock, renal and/or hepatic dysfunction, low serum albumin, pulmonary insufficiency, COPD, elderly patients, or patients pre-medicated with narcotics and/or CNS depressants.