

SEDATIVES

Midazolam (Versed) – Bolus: 2-5 mg IV push q 3-4 hrs or start drip. Drip: 1-2 mg/hr titrate to adequate sedation. *Continuous infusion of high dose (i.e. >5 mg/hr) may result in prolonged sedation when discontinued.

Lorazepam (Ativan) – Bolus: 1-2 mg IV push q 4-6 hrs PRN or start drip. Drip: at 1 mg/hr titrate to adequate sedation. ***High dose drips ≥ 10 mg/hr have been associated with propylene glycol toxicity please use caution.

Propofol (Diprivan) – Has a rapid onset of action and short duration of action can be used as an induction agent as produces unconsciousness within a minute. Bolus: 10-50 mg followed by continuous IV infusion: initially start at 5 mcg/kg/min and titrate sedation by increasing by 5mcg/kg/min at 5-10 min intervals up to a max of 75 mcg/kg/min /range: 5-75 mcg/kg/min continuous IV infusion. *As this comes as an intralipid mixture you are required to change the drip q 24 hrs.

Haloperidol (Haldol) – *Mild agitation*: 0.5-2mg IV push. *Moderate agitation*: 2-5 mg IV push. *Severe agitation*: 10-20 mg IV push. May repeat boluses q 30 min until calmness is achieved and then administer 50% of max dose q 6 hrs.

Etomidate – used for induction of anesthesia Doses of 0.2-0.4 mg/kg produce unconsciousness in less than one minute.

Ketamine – produces a “dissociative state” in which patient has analgesia, amnesia, and is “dissociated” from external events causes sympathetic stimulation: HR, BP, CO, etc. all go up can cause unpleasant dreams and hallucinations as pt wakes up.