

## STATE OF MAINE DEPARTMENT OF PUBLIC SAFETY MAINE EMERGENCY MEDICAL SERVICES 152 STATE HOUSE STATION AUGUSTA, MAINE 04333



JOHN E. MORRIS COMMISSIONER

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In response to increasing shortages of midazolam, effective 12/21/11, this interim protocol has been approved by the Medical Directions and Practice Board and may be used only during a time when midazolam is not available.

Prior to implementation, providers must be appropriately trained and Maine EMS must be notified about the shortage and the anticipated length of time this interim protocol may be necessary.

## SEIZURE & COMBATIVE PATIENT MANAGEMENT (including Gold 7, Pink 3, Yellow 12)

## CRITICAL CARE/PARAMEDIC

Follow the current protocols, except that where midazolam is referenced and unavailable, replace with the following:

Diazepam (Valium)

- 1. Adult: 5 mg IV (or 10 mg IM) q 15 min, titrate to effect with a max dose of 30 mg
- 2. Valium Pediatric: 0.2 mg/kg IV (max dose of 5 mg) may repeat x 2 for a max dose of 5 mg (< 5 y/o) or max dose of 10 mg (>5 y/o)
- 3. Valium Pediatric: 0.5 mg/kg PR one time, maximum of 10 mg.

If patient has had a prior placed IO, may use the IV dose through the IO. But if no IO is in place, in <u>adults use IM as the secondary route</u>. <u>In pediatrics use rectally as the secondary route if no IV.</u>

For other situations (e.g. interfacility transfer), follow appropriate medical control orders.

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