

CLASS: A

PROTOCOL(S) USED IN: Altered Mental Status, Endotracheal Intubation RSI, Patient Restraint Physical & Chemical

PHARMACOLOGY AND ACTIONS:

- A. Sedative/dissociative analgesia
- B. Generalized CNS depression
- C. The exact mechanism of action is unknown; it acts on the cortex and limbic receptors producing dissociative analgesia and sedation.

INDICATIONS:

- A. Probable excited delirium.
- B. Sedation during RSI.

CONTRAINDICATIONS:

- A. **Known hypersensitivity.**
- B. **Hypertension**
- C. **Stroke**
- D. **Intracranial mass or hemorrhage**

SIDE EFFECTS AND NOTES:

- A. Respiratory depression
- B. Laryngospasm
- C. Increased ICP
- D. Emergence Delirium

ADULT DOSING:

Probable excited delirium/Patient Chemical Restraint:
2-4 mg/kg IM or 1-2 mg/kg IV

RSI Induction dose:
1-2 mg/kg IV/IO push. Single max dose of 200 mg.
Repeat once prn for continued sedation.

Procedural Sedation:
1-2 mg/kg IV/IO or 2-4 mg/kg IM. May repeat once after 20 minutes prn. **OLMC** required unless pt is unstable or circumstances prevent timely communication.

Pain Management:
0.3 mg/kg IV/IO/IM for pain refractory to 200 mcg of Fentanyl or 20 mg of Morphine or if hypotension is present. Mix in 50-100cc of NS or LR. Give slowly over 10 minutes.

PEDIATRIC DOSING:

Same as adult for RSI Induction dose.