

- c. Continued verbal reassurance and calming of patient following use of chemical/physical management devices
- 2. Pharmacologic management
 - a. Notes:
 - i. Selection of medications for pharmacologic management should be based upon the patient's clinical condition, current medications, and allergies in addition to EMS resources and medical direction
 - ii. The medications are annotated to indicate when they are preferred for patients that are particularly high-risk for violence as assessed by a validated scale – note that the dosing can be adjusted to achieve different levels of sedation
 - iii. The numbering of medications below is not intended to indicate a hierarchy/preference of administration
 - b. Benzodiazepines
 - i. Diazepam
 - 1. **Adults:**
 - a. 5 mg IV; 2–5 minute onset of action
 - OR**
 - b. 10 mg IM; 15–30 minute onset of action
 - 2. **Pediatrics:**
 - a. 0.05–0.1 mg/kg IV (maximum dose is 5 mg)
 - OR**
 - b. 0.1–0.2 mg/kg IM (maximum dose is 10 mg)
 - ii. Lorazepam
 - 1. **Adults:**
 - a. 2 mg IV; 2–5 minute onset of action
 - OR**
 - b. 4 mg IM; 15–30 minute onset of action
 - 2. **Pediatrics:**
 - a. 0.05 mg/kg IV (maximum dose is 2 mg)
 - OR**
 - b. 0.05 mg/kg IM (maximum dose is 2 mg)
 - iii. Midazolam
 - 1. **Adults:**
 - a. 5 mg IV; 3–5 minute onset of action
 - OR**
 - b. 5 mg IM; 10–15 minute onset of action
 - OR**
 - c. 5 mg IN; 3–5 minute onset of action
 - 2. **Pediatrics:**
 - a. 0.05–0.1 mg/kg IV (maximum dose 5 mg)
 - OR**
 - b. 0.1–0.15 mg/kg IM (maximum dose is 5 mg)
 - OR**
 - c. 0.3 mg/kg IN (maximum dose is 5 mg)
 - c. Antipsychotics
 - i. Droperidol (option for high violence risk)
 - 1. **Adults:**