



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

diazepam

Effective Date: Dec 2012

Revised Date: Nov13-2013

Review Date: Mar 14 2018

CLASSIFICATION

Anxiolytic

OTHER NAMES

Valium

PAGE

1 of 1

ADMINISTRATION POLICY:

IV Bolus - May be administered by a nurse
 IV Infusion - *Not recommended*
 IM Injection - *Not recommended*

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 5 mg/mL - 2 mL

IV Bolus: Administer slowly at a rate not exceeding 5 mg/minute into a large vein or into the tubing of a flowing IV solution as close as possible to the vein insertion

IM Injection: Not recommended. May precipitate or adsorb to plastic if mixed for a prolonged period of time

Maximum rate: 5 mg/minute

Maximum concentration: 5 mg/mL

DOSAGE:

Usual: 2 to 10 mg every 3 to 4 hours

Acute alcohol withdrawal: Administer 5 to 20 mg (depending on severity) **slowly at 2.5 to 5 mg/minute**

Status epilepticus: 5 to 10 mg every 10 to 15 minutes to a total dose of 30 mg
 May repeat in 2 to 4 hours as needed

Maximum single dose: 20 mg

Maximum daily dose: No information available

STABILITY/COMPATIBILITY:

Compatibility: Provisional compatibility (dependent on concentration) in D5W, normal saline or dextrose saline solutions. Do not administer with any other drug

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Thrombophlebitis – avoid small veins. Flush after IV push dose.
- Drowsiness
- Ataxia
- Respiratory depression
- Hypotension

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- IM administration is not recommended due to slow and erratic absorption
- Elderly patients: Due to long acting metabolite, diazepam is not considered the drug of choice in the elderly. Long acting benzodiazepines have been associated with falls in the elderly.