REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

diazepam

Effective Date: May14-2014 Revised Date: Mar9-2016	CLASSIFICATION **Anticonvulsant Sedative**	OTHER NAMES **Valium**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Bolus – May be administered by a nurse
IV Intermittent – May be administered by a nurse
IM Injection – May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 5 mg/mL – 2 mL ampoule

IV Bolus: **Preferred route.** Undiluted into the needle hub or into an infusing IV solution. Over 3 to 5 minutes. Flush after administration to reduce pain.

Intermittent: Dilute 1 mL = 5 mg with 19 mL IV solution. Final concentration: 0.25 mg per mL
Do not use hazy solution and observe syringe and tubing hourly for precipitation. Use minimal lengths of tubing to prevent absorption to plastics.

IM: May administer undiluted. Inject deep IM into a large muscle mass.

DOSAGE:

IV Status Epilepticus:

Newborn: 0.05 to 0.3 mg/kg/dose with respiratory monitoring
May repeat every 15 to 30 minutes as needed to a maximum cumulative dose of 2mg
Regimen may be repeated in 2 to 4 hours as needed.

Child greater than 30 days to less than 5 years: 0.05 to 0.3 mg/kg/dose with respiratory monitoring
May repeat every 15 to 30 minutes as needed to a maximum cumulative dose of 5mg
OR 0.2 to 0.5 mg/dose every 2 to 5 minutes to a maximum total of 5 mg

Child equal to or greater than 5 years: 0.05 to 0.3 mg/kg/dose with respiratory monitoring
May repeat every 15 to 30 minutes as needed to a maximum cumulative dose of 10mg
OR 1 mg/dose every 2 to 5 minutes to a maximum total dose of 10 mg
Regimen may be repeated in 2 to 4 hours as needed.

NOTE: IM route not indicated for status epilepticus.

IV, IM Anxiety, Sedation or Muscle Relaxation:

Child over 30 days: 0.04 to 0.3 mg/kg/dose given every 2 to 4 hours
Maximum 0.6 mg/kg within an 8 hour period

Maximum rate : 1 to 2 mg per minute

Maximum concentration : IV bolus: 5 mg/mL
IV intermittent: 0.25 mg/mL
IM: 5 mg/mL

REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME
diazepam

Effective Date: May14-2014 **Revised Date:** Mar9-2016	CLASSIFICATION **Anticonvulsant** **Sedative**	OTHER NAMES **Valium**	PAGE 2 of 2

STABILITY/COMPATIBILITY:

Stability of final admixture: 4 hours at room temperature

Compatibility: Compatible with D5W, normal saline, dextrose-saline solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:
- CNS: drowsiness, ataxia, fatigue, confusion, paradoxical CNS stimulation
- CV: bradycardia, arrhythmias, arrest
- GU: urinary retention, transient decreased renal function
- Resp: additive with other depressants
- Local: Drug is painful and corrosive (especially to small veins). Flush line after administration
- Other: decreased gag reflex, nausea, rash

CAUTION
- rapid administration may cause apnea.
- vasodilation leads to hypotension
- repeated doses can cause cumulative sedation and respiratory depression

CONTRAINDICATIONS
- jaundice, shock, hypersensitivity, closed angle glaucoma, severe depression
- newborns – not recommended as a first line agent. Commercial preparations contain benzyl alcohol, benzoic acid and sodium benzoate as preservatives.

- due to risk of respiratory depression for children under one year of age, start dose at lower end of range and titrate relative to need.
- equipment to provide respiratory support must be available in the patient care area.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:
- monitor O_2 saturation, heart rate, respiratory rate at 5, 15 and 30 minutes post-dose. Blood pressure at 15-30 minutes. For acutely agitated patients, if unable to do above monitoring , document visual check and respiratory rate at 5, 15, 30 minutes post-dose.
- check IV for phlebitis
- changes in CNS status