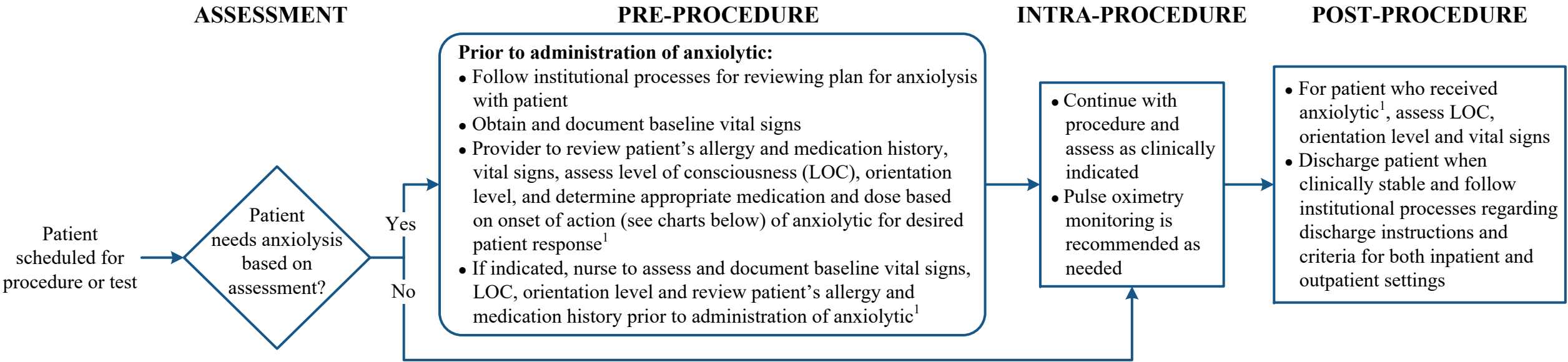


Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson's specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient's care. This algorithm should not be used to treat pregnant women.

Note: Refer to Anxiolysis (Minimal Sedation) for Procedures Policy (#CLN0502) for complete information.



Adult Recommended Anxiolysis Dosing ^{2,3,4}			
Drug	Adult Dose	Route	Onset
Midazolam ⁵	2.5 - 10 mg	PO	10-20 minutes
Lorazepam	0.5 - 2 mg 0.5 - 2 mg	PO IM	30-60 minutes 20-30 minutes
Diazepam	5 - 10 mg	PO	30 minutes
Alprazolam	0.25 - 0.5 mg	PO	60 minutes

Pediatric Recommended Anxiolysis Dosing ^{3,4,6}			
Drug	Pediatric Dose	Route	Onset
Midazolam	≥ 6 months: 0.25 - 0.5 mg/kg for 1 dose Maximum dose prior to procedure: < 30 kg: 0.5 mg/kg ≥ 30 kg: 15 mg	PO	10-20 minutes

¹ If an admitted patient receives a dose of IV benzodiazepine for anxiolytic purposes within 30 minutes of a procedure or test, it is recommended that the patient is monitored according to standards

² Dosing adjustments: use lower doses for patients > 60 years, debilitated patients, hepatic or renal impairment, and in combination with narcotics or with other central nervous system (CNS) depressants or synergistic sedative medications

³ Flumazenil is available for patients requiring reversal of anxiolytics

⁴ Adult and pediatric resuscitative equipment should be available or easily accessible

⁵ Midazolam is preferred due to shorter half-life

⁶ Pediatric considerations:

• Consider lower dose of dosing range for patients with cardiac or respiratory compromise, and those who received concomitant opiates, benzodiazepines or similar synergistic sedative medications

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DEVELOPMENT CREDITS

This practice consensus statement is based on majority opinion of the Anxiolysis (Minimal Sedation) workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

Core Development Team Leads

Katherine Hagan, MD (Anesthesiology and PeriOperative Medicine)

Workgroup Members

Thao Bui, MD (Anesthesiology and PeriOperative Medicine)
Richard Carlson III, MD (Anesthesiology and PeriOperative Medicine)
Marta Davila, MD (Gastroenterology, Hepatology, and Nutrition)
Brian Dee, PharmD (Pharmacy Clinical Programs)
Wendy Garcia, BS♦
Steven Huang, MD (Interventional Radiology)
Brittnee Macintyre, MSN, APRN, FNP-C♦
Maria Estela Mireles, PharmD (Pharmacy Clinical Programs)
Danna Stone, MBA, RN (Diagnostic Imaging)
Alda Lui Tam, MD (Interventional Radiology)
Shannon Worchesik, MBA, RN (Diagnostic Imaging - Nursing)

♦ Clinical Effectiveness Development Team