

# Monterey County EMS System Policy



Policy Number: N-1  
 Effective Date: 7/1/2024  
 Review Date: 6/30/2027

## PROCEDURAL SEDATION

### ALS CARE

To be utilized for conscious patients requiring cardioversion or transcutaneous pacing

<b>Routine Medical Care (Protocol M-3)</b>
Oxygen to maintain SpO <sub>2</sub> ≥ 94%
Continuous Cardiac and EtCO <sub>2</sub> Monitoring
Establish IV/IO access if possible
Consider application of restraints, see: <b>Use of Restraint Policy (#4508)</b>
Be prepared to provide airway/ventilation support

<p><b>Midazolam</b>                  2-4 mg IV/IO                  May repeat at ½ the original dose once in 5 minutes to a total maximum dose of 5 mg</p> <p><b>OR</b></p> <p>5 mg IM/IN once</p> <p>Base Contact is required for additional dosages</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Ensure that Receiving Hospital staff are aware that the patient has been sedated

Richmond Agitation & Sedation Scale (RASS)		
Score	Term	Description
+4	Combative	Overtly combative, violent, immediate danger to staff
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive
+2	Agitated	Frequent non-purposeful movement; fights ventilator
+1	Restless	Anxious but movements not aggressive, vigorous
0	Alert and calm	
-1	Drowsy	Not fully alert, but has sustained awakening (eye-opening/eye-contact) to voice ( > =10sec)
-2	Light sedation	Briefly awakens with eye contact to voice (<10sec)
-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)
-4	Deep sedation	No response to voice but movement or eye opening to physical stimulation
-5	Unarousable	No response to voice or physical stimulation

- Principles of Pre-Procedural Sedation
- Absolute contraindications to Midazolam
    - Sensitivity to Midazolam
    - Systolic BP < 90 mmHg
  - Beware of the synergistic effects of combining a benzodiazepine with a narcotic which may cause significant respiratory depression, decreased LOC, and/or hypotension.
  - Intubation equipment and Naloxone should be readily available when providing sedation therapy.
  - RASS must be assessed/documentated prior to and post pharmacological intervention.
    - **Goal of sedation is a 0 or -1 score on the RASS.**