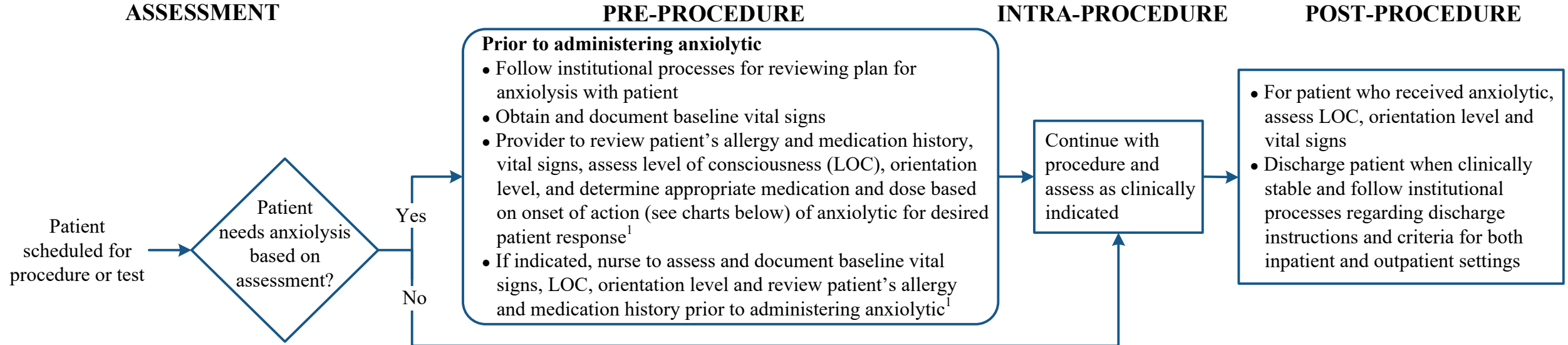


# Anxiolysis (Minimal Sedation) for Procedures and Tests

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.



Drug	Adult Dose	Route	Onset
Midazolam <sup>4</sup>	2.5 - 10 mg	PO	10-30 minutes
Lorazepam	0.5 - 2 mg	PO	30-60 minutes
	0.5 - 2 mg	IM	20-30 minutes
Diazepam	5 - 10 mg	PO	30 minutes
Alprazolam	0.25 - 0.5 mg	PO	60 minutes

Drug	Pediatric Dose <sup>6</sup>	Route	Onset	Maximum per Dose	Maximum number of Doses prior to Procedure
Midazolam	> 6 months to < 6 years: 0.25 - 1 mg/kg/dose	PO	10-20 minutes	5 mg/dose	<ul style="list-style-type: none"> <li>&lt; 15 kg: Two 5 mg doses (maximum 10 mg total)<sup>6</sup></li> <li>15-30 kg: Three 5 mg doses (maximum 15 mg total)<sup>6</sup></li> </ul>
	6 years and older: 0.25 - 0.5 mg/kg/dose	PO	10-20 minutes	5 mg/dose	Three 5 mg doses (maximum 15 mg total) <sup>6</sup>

<sup>1</sup> 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

<sup>2</sup> 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

<sup>3</sup> Flumazenil is available for patients requiring reversal of anxiolytics

<sup>4</sup> Midazolam is preferred due to shorter half-life

<sup>5</sup> Pediatric resuscitative equipment should be available or easily accessible

<sup>6</sup> 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
- May repeat if adequate response is not achieved

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## SUGGESTED READINGS

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## DEVELOPMENT CREDITS

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

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