Patient

scheduled for

procedure or test

ASSESSMENT

## **Anxiolysis (Minimal Sedation) for Procedures and Tests**

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Making Cancer History®

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

### Prior to administering anxiolytic

Yes

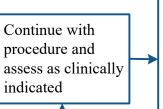
No

• Follow institutional processes for reviewing plan for anxiolysis with patient

**PRE-PROCEDURE** 

- Obtain and document baseline vital signs
- Provider to review patient's allergy and medication history, vital signs, assess level of consciousness (LOC), orientation level, and determine appropriate medication and dose based on onset of action (see charts below) of anxiolytic for desired patient response<sup>1</sup>
- If indicated, nurse to assess and document baseline vital signs, LOC, orientation level and review patient's allergy and medication history prior to administering anxiolytic<sup>1</sup>

INTRA-PROCEDURE POST-PROCEDURE



 For patient who received anxiolytic, assess LOC, orientation level and vital signs

Discharge patient when clinically stable and follow institutional processes regarding discharge instructions and criteria for both inpatient and outpatient settings

Adult Recommended Anxiolysis Dosing <sup>2,3</sup>						
Drug	Drug Adult Dose		Onset			
Midazolam <sup>4</sup>	2.5 - 10 mg	РО	10-30 minutes			
Lorazepam	0.5 - 2 mg 0.5 - 2 mg		30-60 minutes 20-30 minutes			
Diazepam	zepam 5 - 10 mg		30 minutes			
Alprazolam	Alprazolam 0.25 - 0.5 mg		60 minutes			

Patient

needs anxiolysis

based on

assessment?

Pediatric Recommended Anxiolysis Dosing <sup>3,5</sup>							
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	РО	10-20 minutes	5 mg/dose	• < 15 kg: Two 5 mg doses (maximum 10 mg total) <sup>6</sup> • 15-30 kg: Three 5 mg doses (maximum 15 mg total) <sup>6</sup>		
	6 years and older: 0.25 - 0.5 mg/kg/dose	РО	10-20 minutes	5 mg/dose	Three 5 mg doses (maximum 15 mg total) <sup>6</sup>		

<sup>&</sup>lt;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

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

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

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

<sup>&</sup>lt;sup>6</sup> Pediatric considerations:

<sup>•</sup> 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

<sup>•</sup> 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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