<table>
<tr><td>Alert</td><td>High risk of causing significant patient harm when used in error.</td></tr>
<tr><td>Indication</td><td>Sedation during ventilation or procedure.
Treatment of refractory seizure.</td></tr>
<tr><td>Action</td><td>The sedative and anticonvulsant properties of midazolam are related to GABA accumulation and occupation of benzodiazepine receptors. Anti-anxiety properties are related to increasing the glycine inhibitory neurotransmitter.</td></tr>
<tr><td>Drug Type</td><td>Short acting benzodiazepine.</td></tr>
<tr><td>Trade Name</td><td>Hypnovel, Midazolam Alphapharm, Midazolam DBL, Midazolam Pfizer, Midazolam Sandoz.</td></tr>
<tr><td>Presentation</td><td>5 mg/mL ampoule
5mg/5mL ampoule</td></tr>
<tr><td>Dosage / Interval</td><td>
<table>
<tr><th>Method</th><th>Dose</th></tr>
<tr><td>IV infusion for sedation</td><td>0.2–1 microgram/kg/minute</td></tr>
<tr><td>IV infusion for seizures</td><td>Loading dose: 150–200 microgram/kg over 3−5 minutes
Maintenance dose: 1–7 microgram/kg/minute</td></tr>
<tr><td>IV bolus</td><td>50 microgram/kg/dose every 2 hours when required
(Dose range: 50–150 microgram/kg/dose)</td></tr>
<tr><td>IM injection</td><td>50 microgram/kg/dose every 4 hours when required
(Dose range: 50–150 microgram/kg/dose)</td></tr>
<tr><td>Oral</td><td>250 microgram/kg as a single dose</td></tr>
<tr><td>Sublingual</td><td>200 microgram/kg as a single dose</td></tr>
<tr><td>Intranasal</td><td>200 microgram/kg per dose as a single dose
(Dose range: 200–300 microgram/kg/dose)</td></tr>
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</td></tr>
<tr><td>Route</td><td>IV, IM, Oral, Sublingual, Intranasal.</td></tr>
<tr><td>Preparation/Dilution</td><td>IV infusion for sedation.
Using 5 mg/mL injection, draw up 0.6 mL/kg (3 mg/kg of midazolam) and add glucose 5%, glucose 10% or sodium chloride 0.9% to make final volume 50 mL.
Infuse at a rate of 1 mL/ hour = 1 microgram/kg/minute.
Using 5mg/5mL injection, draw up 3 mL/kg (3 mg/kg of midazolam) and add glucose 5%, glucose 10% or sodium chloride 0.9% to make final volume 50 mL.
Infuse at a rate of 1 mL/ hour = 1 microgram/kg/minute.

IV infusion for seizures.
Using 5 mg/mL injection, draw up 3 mL/kg (15 mg/kg of midazolam) and add glucose 5%, glucose 10% or sodium chloride 0.9% to make final volume 50 mL.
Infuse at a rate of 1 mL/hour = 5 microgram/kg/minute.
Using 5 mg/5mL injection, draw up 15 mL/kg (15 mg/kg of midazolam) and add glucose 5%, glucose 10% or sodium chloride 0.9% to make final volume 50 mL.
Infuse at a rate of 1 mL/hour = 5 microgram/kg/minute.

IV bolus, IM injection, oral, sublingual and intranasal
Using 5 mg/mL injection, draw up 0.4 mL (2000 microgram of midazolam) and add 9.6 mL of sodium chloride 0.9% to make final volume of 10 mL with a concentration of 200 microgram/mL.
Using 5 mg/5mL injection, draw up 1 mL (1000 microgram of midazolam) and add 4 mL of sodium chloride 0.9% to make final volume of 5 mL with a concentration of 200 microgram/mL.</td></tr>
<tr><td>Administration</td><td>IV infusion: As a continuous infusion via a syringe pump.
IV bolus: Give as a slow push over 10 minutes.[9]
Oral: IV ampoules may be used for oral administration.
Intranasal: IV ampoules may be used for intranasal administration. Drop dose into alternating nostrils over 15 seconds. Absorption is rapid; maximum effect in 10 minutes and duration up to 2 hours. May be irritating to nasal mucosa.
IM: Inject deep into a large muscle.</td></tr>
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Monitoring	Observe for apnoea, respiratory depression, blood pressure and level of sedation.
Contraindications	Known hypersensitivity to midazolam.
Precautions	In preterm infants, especially in extreme preterm, midazolam half-life is increased from 4−6 hours in term neonates up to 22 hours in premature infants. It is longer with impaired liver function. Caution when concurrently used with opioids − midazolam interacts with other central nervous system depressants and may increase the risk of drowsiness, respiratory depression and hypotension. Withdraw slowly after chronic administration. Abrupt discontinuation may precipitate withdrawal seizures. Caution in neonates with renal and hepatic impairment − increased sensitivity to central nervous system (CNS) effects; use doses at lower end of the range. Rapid IV infusion may result in hypotension, respiratory depression or seizure.
Drug Interactions	Concurrent administration with erythromycin promotes accumulation. Xanthines may decrease the anaesthetic/sedative effect of benzodiazepines. Care needs to be taken with adding or withdrawing caffeine or aminophylline.
Adverse Reactions	Hypotension and reduced cardiac output, particularly when used in combination with fentanyl. Respiratory depression and apnoea. Hypersalivation. Nasal discomfort (with intranasal route). Seizure-like myoclonus (more common in premature neonates receiving via intravenous route).
Compatibility	Fluids: Glucose 5%, glucose 10%, sodium chloride 0.9%. Y-site: Amino acid solutions. Abciximab, amikacin, amiodarone, anidulafungin, atracurium, bivalirudin, calcium gluconate, caspofungin, cefotaxime cephazolin, ciprofloxacin, cisatracurium, clindamycin, digoxin, dopamine, doripenem, eptifibatide, erythromycin, esmolol, fentanyl, fluconazole, gentamicin, glyceryl trinitrate, haloperidol lactate, hydromorphone, labetalol, linezolid, methadone, methylprednisolone, metronidazole, milrinone, morphine sulfate, noradrenaline (norepinephrine), palonosetron, pancuronium, potassium chloride, ranitidine, remifentanil, sodium nitroprusside, tirofiban, tobramycin, vancomycin, vecuronium.
Incompatibility	Fluids: No information. Y-site: Fat emulsion. Aciclovir, albumin, aminophylline, amoxicillin, ampicillin, azathioprine, azithromycin, cefepime, ceftazidime, chloramphenicol, clonidine, dexamethasone, ertapenem, esomeprazole, flucloxacillin, foscarnet, furosemide (frusemide), ganciclovir, hydrocortisone sodium succinate, imipenem-cilastatin, indomethacin, omeprazole, phenobarbital (phenobarbitone), piperacillin-tazobactam (EDTA-free), potassium acetate, sodium bicarbonate, thiopental (thiopentone), tramadol, trimethoprim-sulfamethoxazole.
Stability	Diluted solution: Store at 2−8°C and use within 24 hours.
Storage	Ampoule: Store below 25°C. Protect from light. Schedule 4D (S4D) medication therefore store in dangerous drug safe and record use in S4D register.
Special comments	Flumazenil is a specific benzodiazepine antagonist and may be used (very limited experience in the neonate) to rapidly reverse respiratory depression − 10 microgram/kg/dose IV push. May repeat every minute for up to 4 more doses.
Evidence summary	**Efficacy** There are insufficient data to promote the use of intravenous midazolam infusion as a sedative for neonates undergoing intensive care. Although all studies included in the review reported better sedation, none of the scales used had been validated in preterm infants and thus the effectiveness could not be evaluated [1] (Level 1, Grade B). Midazolam was effective in neonates with refractory seizures that did not respond to phenobarbital (phenobarbitone), phenytoin or pentobarbital (pentobarbitone) [2] (Level IV, Grade D). **Safety**

	One study showed a statistically significant higher incidence of adverse neurological events (death, grade III or IV IVH, PVL) and meta-analysis of data from two studies showed a statistically significant longer duration of NICU stay in the midazolam group compared to the placebo group [1] (Level1, Grade B). Administration of midazolam in ventilated premature infants causes significant changes in cerebral oxygenation and hemodynamics, which might be harmful [3] (Level III, Grade C). Intravenous bolus doses of midazolam in association with fentanyl should be used with great caution in the newborn, especially if very premature or with unstable blood pressure [4] (Level IV, Grade D). Sedation with midazolam has a transient effect on the background aEEG activity [5] (Level III, Grade C). **Pharmacokinetics** Midazolam is highly protein bound with an elimination half-life of 4−6 hours in term neonates and a variable half-life (up to 22 hours) in premature neonates and those with impaired hepatic function. Bioavailability is approximately 36% with oral administration and 50% with sublingual and intranasal administration [6] (Level III, Grade C).
References	1. Ng E, Taddio A, Ohlsson A. Intravenous midazolam infusion for sedation of infants in the neonatal intensive care unit. The Cochrane database of systematic reviews. 2012;6:CD002052. 2. Castro Conde JR, Hernandez Borges AA, Domenech Martinez E, Gonzalez Campo C, Perera Soler R. Midazolam in neonatal seizures with no response to phenobarbital. Neurology. Mar 8 2005;64(5):876–879. 3. Van Alfen-van der Velden AA, Hopman JC, Klaessens JH, Feuth T, Sengers RC, Liem KD. Effects of midazolam and morphine on cerebral oxygenation and hemodynamics in ventilated premature infants. Biology of the Neonate. 2006;90(3):197–202. 4. Burtin P, Daoud P, Jacqz-Aigrain E, Mussat P, Moriette G. Hypotension with midazolam and fentanyl in the newborn. Lancet. Jun 22 1991;337(8756):1545–1546 5. Bernet V, Latal B, Natalucci G, Doell C, Ziegler A, Wohlrab G. Effect of sedation and analgesia on postoperative amplitude-integrated EEG in newborn cardiac patients. Pediatr Res. Jun 2010;67(6):650–655. 6. De Wildt SN, Kearns GL, Hop WC, Murry DJ, Abdel-Rahman SM, van den Anker JN. Pharmacokinetics and metabolism of intravenous midazolam in preterm infants. Clin Pharmacol Ther. 2001 Dec;70(6):525–31. 7. Taketomo CK, Hodding JH, Kraus DM, American Pharmacists Association. Pediatric and neonatal dosage handbook. Hudson, Ohio: Lexi-Comp: American Pharmacists Association; 2015. 8. Australian Injectable Drugs Handbook, 6th Edition, Society of Hospital Pharmacists of Australia 2014. 9. Van Den Broek MP, Van Straaten HL, Huitema AD, Egberts T, Toet MC, De Vries LS, Rademaker K, Groenendaal F. Anticonvulsant effectiveness and hemodynamic safety of midazolam in full-term infants treated with hypothermia. Neonatology. 2015 Jan 8;107(2):150-6.

Original version Date: 23/03/2016	**Author: NMF Consensus Group**
Current Version number: 1.2	**Version Date:** 23/02/2017
Risk Rating: Medium	**Due for Review:** 23/02/2020
Approved by: As per Local policy	**Approval Date: As per Local policy**