

## **DIAZEPAM**

Read in conjunction with **Disclaimer** 



Formulary: Highly Restricted  Requires neonatologist or neurology approval before commencing.						
Presentation	<b>Ampoule:</b> 10 mg/2 mL = 5 mg/mL = <b>5000 microg/mL</b>					
Drug Class	Benzodiazepine					
Indication	Management of Seizures					
Special Considerations	Not recommended as a first line agent; use only after multiple agents have failed. Midazolam is preferred benzodiazepine for seizures.					
Monitoring	<ul> <li>Monitor for CNS and respiratory depression</li> <li>Heart rate, respiratory rate, blood pressure, oxygen saturation</li> </ul>					
Compatibility	Fluids: Sodium Chloride 0.9%, Glucose 5%					
Incompatibility	Extensive list of incompatibilities, avoid mixing with other medications. Contact Pharmacy for further information.					
Interactions	Concomitant use with other CNS depressant can increase CNS and respiratory effects.					
	<b>Common:</b> Drowsiness, Bradycardia, Hypotension, Apnoea, Respiratory depression					
Side Effects	Infrequent: Pain and Thrombophlebitis, Arrhythmias, Respiratory and Cardiac Arrest					
	Rare: Blood disorders, Jaundice, Transient elevated liver function tests, Allergic reactions, Abnormal movement of limbs					
	Schedule 4 Restricted Medication					
Storage & Stability	<ul> <li>Ampoule:</li> <li>Store below 25°C. Protect from light</li> <li>Dilution of diazepam can result in loss of potency – Use diluted solution immediately after preparation.</li> </ul>					
<ul> <li>Propylene glycol and ethanol content may cause toxic effects in patients receiving high or repeated doses.</li> <li>Flumazenil (see monograph) is used as the reversal agent for diazepam.</li> </ul>						

	Presentation (for IV use)	<b>Ampoule:</b> 10 mg/2 mL = 5 mg/mL = <b>5000 microg/mL</b>		
INTRAVENOUS PUSH	Dosage	Management of Seizures	/	
		<ul> <li>100 to 300 microg/kg/dose given over 3 to 5 mins</li> <li>Repeat every 15 to 30 mins as necessary</li> <li>Maximum total daily dose of 2000 microg</li> </ul>		
		<ul> <li>Dose adjustment</li> <li>Renal impairment: Start with smaller doses in severe impairment.</li> <li>Hepatic impairment: Start with smaller doses in severe impairment.</li> </ul>		
	Preparation	<ul> <li>For doses greater than 500 microg</li> <li>Use undiluted.</li> <li>Concentration equal to 5000 microg/mL</li> <li>For doses less than 500 microg</li> <li>Draw up 5000 microg (1 mL) and make up to 25 mL total volume with compatible fluid.</li> <li>Use diluted solution immediately. Do not administer if solution is cloudy.</li> <li>Concentration now equal to 200 microg/mL</li> </ul>		
	Administration	<ul> <li>IV push:</li> <li>IV by slow injection over at least 3 to 5 minutes, do not exceed a rate of 2000 microg/min.</li> <li>Rapid IV injection may increase risk of side effects such as apnoea, respiratory depression, hypotension. Close observation is required during administration. See Monitoring.</li> </ul>		

## Related Policies, Procedures, and Guidelines

**HDWA Mandatory Policies:** 

MP 0131/20: WA High Risk Medication Policy

**Clinical Practice Guidelines:** 

Neonatology - Seziures: Neonatal

<u>Neonatology – Medication Administration</u>

**WNHS Pharmaceutical and Medicines Management Guidelines:** 

High Risk Medicines

Schedule 4 Restricted (S4R) and Schedule 8 (S8) Medications

## References

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British National Formulary. BNF for Children. 2018-19 ed. London, UK: BMJ Group and Pharmaceutical Press; 2018. p. 220-221.

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## **Document history**

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NSQHS Standards Applicable:	Std 1: Clinical Governance				Std 4: Medication Safety				
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