Lorazepam is a benzodiazepine sedative. It is longer acting than diazepam (Valium) and is better absorbed IM than is diazepam. It can also be mixed directly with haloperidol in the same syringe. It can be used to effectively break seizures. When used via the IM route, it is absorbed more reliably than diazepam. As with all sedatives, there is a risk of respiratory depression. However, it is low. There are no cardiovascular effects.

Indications and Administration:

1. Sedation of the combative, violent patient.
    a. **Elderly** - 0.5 to 1 mg IV or IM. Repeat up to 2 mg.
    b. **Adult** - 1 to 2 mg IV or IM. Repeat up to 4 mg.
    c. **Pediatric** - 0.05 mg/kg IV or IM. Repeat up to 2 mg.
2. Cessation of seizures.
    a. **Adult** - 2 mg IV, IM, IO. Repeat up to 4 mg.
    b. **Pediatric** - 0.05 mg/kg IV, IM, IO. Repeat up to 2 mg.
3. Adjunct to pain relief for orthopedic injury, cardioversion, and pacing.
    d. **Elderly** - 0.5 to 1 mg IV or IM. Repeat up to 2 mg.
    e. **Adult** - 1 to 2 mg IV or IM. Repeat up to 4 mg.
    a. **Pediatric** - 0.05 mg/kg IV or IM. Repeat up to 2 mg.

Notes:

1. Excessive and prolonged sedation can make subsequent hospital evaluation of the pt difficult. Use the lowest dose necessary to achieve the desired effect.
2. For excessive sedation, apply O2 and monitor. For respiratory depression, assist with ventilation.