

GENERIC NAME: LORAZEPAM

CLASS: Antianxiety
Benzodiazepine, short or intermediate acting

Mechanism of Action:

Agent binds highly to the gamma-amino butyric acid (GABA) benzodiazepine receptor complex without displacing GABA, (GABA is the major inhibitory neurotransmitter in the brain). It exerts tranquilizing action on the central nervous system.

Indications and Field Use:

Status epilepticus
Seizure
Agitation

Contraindications:

- Known sensitivity to the benzodiazepines
- Acute narrow angle glaucoma or myasthenia gravis
- Known hypersensitivity to polyethylene glycol, propylene glycol, or benzyl alcohol
- Pregnancy

Adverse Reactions:

- Most frequent adverse reaction is sedation
- Transient amnesia or memory impairment
- Confusion
- Hypotension
- Respiratory depression
- Dizziness
- Headache

NOTES ON ADMINISTRATION

Incompatibilities/Drug Interactions:

Concomitant use of CNS sedatives such as phenothiazines, narcotic analgesics, barbiturates, antidepressants, and alcohol should be assessed prior to administration of IV Lorazepam.

Administration:

IM: Should be administered deep into the muscle mass
IV/IO: Do not exceed 2mg/minute or 0.05mg/kg over 2-5 minutes. Dilute IV dose with equal volume of compatible diluent (D5W, NS, SWI).

**Inadvertent intra-arterial injection may produce arteriospasm resulting in necrosis and potential amputation.

Adult Dosage:

Status epilepticus: 2mg to 4mg IV given slowly (over 2-5 minutes) May repeat dose in 10-15 minutes if needed (maximum 8mg). May give IM/IO if no IV access.

Pediatric Dosage:

Status epilepticus: 0.05-0.1 mg/kg IV over 2-5 minutes (maximum 4mg). May repeat in 10-15 minutes.

Routes of Administration:

IV injection is the route of choice
IM injection with large bore needle
IO

Onset of Action:

1-2 minutes if given IV

Peak Effects:

Less than 15 minutes when given IV
Within 3 hours when given IM

Duration of Action:

Approximately 6 - 8 hours

Dosage Forms/Packaging:

Optional [8 mg] Injection Solution: 2mg/mL, 4mg/mL

Special Notes:

Care must be used when administering Lorazepam IV to elderly patients, seriously ill patients, and those with limited pulmonary reserve. Apnea and/or cardiac arrest may occur. Patients over the age of 50 years may have a more profound and prolonged sedation with IV Lorazepam. All patients should be monitored for respiratory depression and hypotensive effects. Stability above room temperature has not been established.