Anxiolysis (Minimal Sedation) for Procedures and Tests

Note: Refer to UTMDACC Institutional Policy #CLN0502 for complete information.

TREATMENT

- Document mental status and vital signs prior to procedure
- Determine appropriate medication and dose based on onset of action (see chart below) of anxiolytic for desired patient response

Continue with procedure and document mental status and vital signs pre- and post-procedure

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

---

Adult Recommended Anxiolysis Dosing

<table>
<thead>
<tr>
<th>Drug</th>
<th>Adult Dose</th>
<th>Route</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midazolam</td>
<td>5 – 10 mg</td>
<td>PO</td>
<td>10-30 minutes</td>
</tr>
<tr>
<td>Lorazepam</td>
<td>0.5 – 2 mg</td>
<td>PO</td>
<td>30-60 minutes</td>
</tr>
<tr>
<td>Diazepam</td>
<td>1 – 4 mg</td>
<td>IM</td>
<td>20-30 minutes</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>0.25 – 0.5 mg</td>
<td>PO</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

Pediatric Recommended Anxiolysis Dosing

<table>
<thead>
<tr>
<th>Drug</th>
<th>Pediatric Dose</th>
<th>Route</th>
<th>Onset</th>
<th>Maximum Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midazolam</td>
<td>0.5 – 1 mg/kg/dose</td>
<td>PO</td>
<td>10-20 minutes</td>
<td>5 mg</td>
</tr>
</tbody>
</table>

1 If an admitted patient receives a dose if IV benzodiazepine for anxiolytic purposes within 30 minutes of a procedure/test, it is recommended that the patient is monitored according to standards (Refer to Sedation/Analgesia for Procedures Policy #CLN0596)

2 Dosing adjustments: use lower doses for patients greater than 60 years, debilitated patients, hepatic/renal impairment and in combination with narcotics or with other central nervous system (CNS) depressants

3 Flumazenil is available for patients requiring reversal of sedation

4 Midazolam is preferred due to shorter half-life

5 Consider lower dosing strategies if patient received concomitant opiates, benzodiazepines or similar synergistic sedative medications. Pediatric resuscitative equipment should be available or easily accessible. Flumazenil is available for patients requiring reversal of sedation.

---

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

Page 1 of 3
SUGGESTED READINGS


Anxiolysis (Minimal Sedation) for Procedures and Tests

Disclaimer: This algorithm has been developed for MD Anderson using a multidisciplinary approach considering circumstances particular to MD Anderson’s specific patient population, services and structure, and clinical information. This is not intended to replace the independent medical or professional judgment of physicians or other health care providers in the context of individual clinical circumstances to determine a patient’s care. This algorithm should not be used to treat pregnant women.

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:

- Thao Bui, MD (Anesthesiology and PeriOperative Medicine)
- Richard Carlson III, MD (Anesthesiology and PeriOperative Medicine)†
- Marta Davila, MD (Gastroenterology Hepatology and Nutrition)
- Brian Dee, PharmD (Pharmacy Clinical Programs)
- Wendy Garcia, BS*
- Katherine Hagan, MD (Anesthesiology and PeriOperative Medicine)
- Maria Estela Mireles, PharmD (Pharmacy Clinical Programs)
- Amy Pai, PharmD*
- Danna Stone, RN, MBA (Diagnostic Imaging-Nursing)
- Alda Lui Tam, MD (Interventional Radiology)
- Shannon Worchesik, RN, MBA (Diagnostic Imaging-Nursing)

† Core Development Team Lead
* Clinical Effectiveness Development Team