Assess need for anxiolysis prior to procedure

Patient scheduled for procedure or test

Patient needs anxiolysis?

Yes

- Document mental status and vital signs prior to administering sedation
- 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 after administering sedation and prior to beginning procedure and post-procedure

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

No

Continue with procedure

TREATMENT

Adult Recommended Anxiolysis Dosing\(^2,3\)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Adult Dose</th>
<th>Route</th>
<th>Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midazolam(^4)</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>5 – 10 mg</td>
<td>PO</td>
<td>30 minutes</td>
</tr>
</tbody>
</table>

Pediatric Recommended Anxiolysis Dosing\(^3,5,6\)

<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 of IV benzodiazepine for anxiolytic purposes within 30 minutes of a procedure or test, it is recommended that the patient is monitored according to standards [Refer to Sedation/Analgesia for Procedures Policy (MD Anderson Institutional Policy # CLN0596i)]

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

\(^3\) Flumazenil is available for patients requiring reversal of anxiolytics

\(^4\) Midazolam is preferred due to shorter half-life

\(^5\) Pediatric considerations:
- Consider lower dosing strategies for patients with cardiac or respiratory compromise, and those who received concomitant opiates, benzodiazepines or similar synergistic sedative medications.
- Younger patients (6 months to < 6 years) and those less cooperative may require higher doses (up to 1 mg/kg/dose), may repeat one time dose within 30 minutes of initial dose if adequate response is not achieved.
- Use lower initial doses in older patients (6 years to < 16 years)

\(^6\) Pediatric resuscitative equipment should be available or easily accessible

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

SUGGESTED READINGS


Anxiolysis (Minimal Sedation) for Procedures and Tests

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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:

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