



<h1>NYC REMAC</h1>			
Advisory No.	2017-15		
Title:	EMERGENCY CHANGE: GOP Diazepam Shortage		
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City is responsible to develop, approve and implement prehospital treatment and transport protocols for use within the five boroughs of the City of New York. The Regional Emergency Medical Advisory Committee (REMAC) of New York City operates under the auspices of Article Thirty of the New York State Public Health Law.

EMERGENCY change: Due to a shortage of diazepam (Valium), midazolam (Versed) IV has been added as an option to the General Operating Procedures section of the REMAC NYC Prehospital Treatment and Transport Protocols, Prehospital Sedation, Indications for Prehospital Sedation:

Indications for Prehospital Sedation:

Conscious patients requiring *Endotracheal Intubation*

- c) Administer Etomidate 0.3 mg/kg, IV bolus. (Maximum total dose is 40 mg.) After successful intubation, administer Diazepam 5 mg IV bolus or Lorazepam 2 mg, IV or IM, or **midazolam 5mg IV** for continued sedation.

The revised GOP is attached, identifying specific changes. New Language is **underlined and bold**. Deleted Language is ~~struck-out~~.

Current and Updated Protocols can be accessed at the Regional EMS Council website: www.nycremsco.org.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

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PREHOSPITAL SEDATION

Definition of Prehospital Sedation:

Prehospital sedation is a fully monitored pharmacologic intervention applied in instances where conscious patients may need short-term analgesic and/or anxiolytic therapy for procedures that may be painful or anxiety-producing, such as Endotracheal Intubation, Synchronized Cardioversion, and Transcutaneous Pacing. Prior permission from Medical Control is required.

Indications for Prehospital Sedation:

Conscious patients requiring Endotracheal Intubation

- a) Administer Diazepam 5 – 10 mg, IV bolus. Repeat doses of Diazepam 5 – 10 mg, IV bolus, may be given as necessary. (Maximum total dosage is 20 mg.)
OR
- b) Administer Midazolam 1 – 2 mg, IV/IN bolus. Repeat doses of Midazolam 1 mg, IV/IN bolus, may be given as necessary. (Maximum total dosage is 5 mg.)
OR
- c) Administer Etomidate 0.3 mg/kg, IV bolus. (Maximum total dose is 40 mg.) After successful intubation, administer Diazepam 5 mg IV bolus or Lorazepam 2 mg, IV or IM, or **midazolam 5mg IV** for continued sedation.
- d) Administer oxygen by nasal cannula at maximum flow rate during laryngoscopy and intubation.

Conscious patients requiring Synchronized Cardioversion OR Transcutaneous Pacing

- a) Administer Diazepam 5 – 10 mg, IV bolus. Repeat doses of Diazepam 5 – 10 mg, IV bolus, may be given as necessary. (Maximum total dosage is 20 mg.)
OR
- b) Administer Midazolam 1 – 2 mg, IV/IN bolus. Repeat doses of Midazolam 1 mg, IV/ IN bolus, may be given as necessary. (Maximum total dosage is 5 mg.)
OR
- c) For synchronized Cardioversion only, administer Etomidate, 0.15mg/kg, IV bolus. (Maximum total dose is 20 mg.)

NOTE: Patients receiving prehospital sedation must be continuously administered high concentration oxygen and must be continuously monitored using cardiac monitoring and pulse oximetry.