

Pediatric Dose

| INDICATION | BENZODIAZEPINE | DOSAGE |
|--|----------------|--|
| Toxin-Induced seizures or agitation | Diazepam | Not used |
| | Lorazepam | 0.1 mg/kg (max 4 mg) IV/IO, can be repeated every 5 to 10 min until seizures cease or agitation is managed |
| | Midazolam | 0.1 mg/kg (max 5 mg) direct IV over 20 to 30 sec or 0.15 mg/kg (max 5 mg) IM, can be repeated every 5 to 10 min until seizures cease or agitation is managed |
| Hypertension due to sympathomimetic drugs | Diazepam | Not used by IV |
| | Lorazepam | 0,05 mg/kg/dose (max 2 mg) direct IV (max rate: 2 mg/min), can be repeated every 10 to 15 min until anxiety/agitation are managed |
| | Midazolam | 0.05 mg/kg (max 5 mg) direct IV over 20 to 30 sec, can be repeated every 5 to 10 min until anxiety/agitation are managed |
| Chloroquine or hydroxychloroquine poisoning | Diazepam | 1-2 mg/kg by slow IV infusion over 30 min, followed by continuous IV infusion of 2 mg/kg/24 h. Caution: Diazepam infusion may produce respiratory depression. |
| | Lorazepam | Diazepam is the preferred choice |
| | Midazolam | Diazepam is the preferred choice |
| Treatment of serotonergic toxicity or malignant neuroleptic syndrome | Diazepam | Not used by IV |
| | Lorazepam | 0.05 mg/kg/dose (max 2 mg) direct IV (max rate: 2 mg/min), can be repeated every 10 to 15 min until anxiety/agitation are managed and normal muscle tone is restored |
| | Midazolam | 0.05 mg/kg (max 5 mg) direct IV over 20 to 30 sec, can be repeated until anxiety/agitation are managed and normal muscle tone is restored |