



HUDSON VALLEY REGIONAL  
 EMERGENCY MEDICAL SERVICES COUNCIL, INC.  
 259 Route 17K – First Floor  
 Newburgh, NY 12550  
 (845) 567-6740 Phone  
 (845) 567-6730 Fax  
 hvremSCO@hvremSCO.org  
 www.hvremSCO.org

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R.M. BARISHANSKY, MPH  
 Executive Director

**REMAC Advisory (March 2002)**

Recently it has become increasingly difficult to find stock of Diazepam injection at area hospitals. The acute shortage is because Roche, Wyeth, and Baxter pharmaceutical companies have stopped making the product. Abbott, now the sole manufacturer of Diazepam injection, cannot meet the increased demand for the product.

Until Abbott is able to manufacture enough Diazepam injectable supply to meet the demand, ALS providers are reminded that an alternative injectable Benzodiazepine is available for patient treatment. For patients in Status Epilepticus, Midazolam (Versed) and Lorazepam (Ativan) may be administered in the absence of Diazepam. See the following chart for a comparison of administration:

<u>Drug</u>	<u>Adult IV Dose</u>	<u>Pediatric IV Dose</u>	<u>Adult IM Dose</u>	<u>Pediatric IM Dose</u>
Diazepam (Valium)	10 mg	0.2mg/kg	N/A	N/A
Midazolam (Versed)	2.0mg to 5.0mg	1.0mg/kg (max dose 5.0 mg)	0.2mg/kg	1.0mg/kg (max dose 5.0 mg)
Lorazepam (Ativan)	2.0mg to 4.0 mg over 2-5 minutes	0.05 to 0.1 mg/kg over 2-5 minutes (max dose 4.0 mg)	0.05 to 0.1 mg/kg (max dose 8.0 in 12 hours)	0.05mg/kg (max dose 4.0 mg)

Advanced Life Support (ALS) providers are reminded that repeat dosing is under Medical Control direction ONLY. Also, intravenous administration of a Benzodiazepine should be at a rate no faster than 2 mg per minute. As with any medication administration, if an ALS provider is unsure of the appropriateness of use of Midazolam or Lorazepam for a specific patient, he or she may always consult with Medical Control



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When the development and distribution of Diazepam reaches satisfactory levels, the utilization of Midazolam and Lorazepam will be discontinued under STANDING ORDERS for this treatment modality.

Please refer any and all questions to the Regional Council office staff or myself. Your anticipated cooperation is appreciated.

Pamela Murphy, MD  
REMAC Chair/Medical Director  
Hudson Valley Regional EMS Council, Inc.



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