DIAZEPAM:

Class: Benzodiazepine
Indications: Management of anxiety disorders, ethanol withdrawal symptoms; skeletal muscle relaxant; treatment of convulsive disorders; preoperative or preprocedural sedation and amnesia. Panic disorders; short-term treatment of spasticity in children with cerebral palsy; sedation for mechanically-ventilated patients in the intensive care unit
Rectal gel: Management of selected, refractory epilepsy patients on stable regimens of antiepileptic drugs requiring intermittent use of diazepam to control episodes of increased seizure activity
Available dosage form in the hospital: TAB (10 MG, 5MG, 2MG), RECTAL TUBE (5 MG, 10MG), 10MG AMP
Trade Names:

Dosage:
- **Acute ethanol withdrawal**: Oral: 10 mg 3-4 times during first 24 hours, then decrease to 5 mg 3-4 times/day as needed
- **Anticonvulsant (acute treatment)**: Rectal gel: 0.2 mg/kg. Note: Dosage should be rounded upward to the next available dose; 2.5, 5, 7.5, 10, 12.5, 15, 17.5, and 20 mg/dose; dose may be repeated in 4-12 hours if needed; do not use for more than 5 episodes per month or more than one episode every 5 days.
- **Anxiety (symptoms/disorders)**: Oral, I.M, I.V.: 2-10 mg 2-4 times/day if needed
- **Muscle spasm**: I.V., I.M.: Initial: 5-10 mg; then 5-10 mg in 3-4 hours, if necessary. Larger doses may be required if associated with tetanus.
- **Sedation in the ICU patient**: I.V.: Loading dose: 5-10 mg; Maintenance dose: 0.03-0.1 mg/kg every 30 minutes to 6 hours (Barr, 2013)
- **Skeletal muscle relaxant (adjunct therapy)**: Oral: 2-10 mg 3-4 times/day
- **Status epilepticus**:
  - I.V.: 5-10 mg every 5-10 minutes given over ≤5 mg/minute (maximum dose: 30 mg)
  - Rectal gel: Premonitory/Out-of-hospital treatment: 10 mg once; may repeat once if necessary (Kälviäinen, 2007)
- **Rapid tranquilization of agitated patient** (administer every 30-60 minutes): Oral: 5-10 mg; average total dose for tranquilization: 20-60 mg

Geriatric
**Oral absorption is more reliable than I.M.** Elderly and/or debilitated patients:
- Oral: 2-2.5 mg 1-2 times/day initially; increase gradually as needed and tolerated.
- Rectal gel: Due to the increased half-life in elderly and debilitated patients, consider reducing dose.

Renal Impairment:
No dose adjustment recommended; decrease dose if administered for prolonged periods.
- I.V.: Risk of propylene glycol toxicity; monitor closely if using for prolonged periods or at high doses.
- Hemodialysis: Not dialyzable (0% to 5%); supplemental dose is not necessary.

Hepatic Impairment:
Decrease maintenance dose by 50%; half-life significantly prolonged.

Common side effect:
Cardiovascular: Hypotension, vasodilatation
Central nervous system: Amnesia, ataxia, confusion, depression, drowsiness, fatigue, headache, slurred speech, paradoxical reactions (eg, aggressiveness, agitation, anxiety, delusions, hallucinations, inappropriate behavior, increased muscle spasms, insomnia, irritability, psychoses, rage, restlessness, sleep disturbances, stimulation), vertigo
Dermatologic: Rash
Endocrine & metabolic: Libido changes
Gastrointestinal: Constipation, diarrhea, nausea, salivation changes (dry mouth or hypersalivation)
Genitourinary: Incontinence, urinary retention
Hepatic: Jaundice
Local: Phlebitis, pain with injection
Neuromuscular & skeletal: Dysarthria, tremor, weakness
Ocular: Blurred vision, diplopia
Respiratory: Apnea, asthma, respiratory rate decreased

Pregnancy Risk Factor: D