



# Drug Therapy Protocols: Lorazepam

<b>Policy code</b>	DTP_LORAZ_1122
<b>Date</b>	November, 2022
<b>Purpose</b>	To ensure a consistent procedural approach to lorazepam administration.
<b>Scope</b>	Applies to all Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless specifically mentioned.
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<b>Author</b>	Clinical Quality & Patient Safety Unit, QAS
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# Lorazepam

November, 2022

## Drug class

Benzodiazepine<sup>[1,2]</sup>

## Pharmacology

Benzodiazepines potentiate the inhibitory effects of GABA throughout the CNS, resulting in anxiolytic, sedative, hypnotic, muscle relaxant and antiepileptic effects.<sup>[1,2]</sup>

## Metabolism

Liver metabolism, excreted by the kidneys<sup>[1]</sup>

### Indications

- **Post-ictal acute psychosis**  
(as specifically authorised in AMP 139/12)

### Contraindications

- Allergy AND/OR Adverse Drug Reaction

### Precautions

- Nil in this setting

### Side effects<sup>[1,2]</sup>

- Hypotension
- Respiratory depression
- Arrhythmias

### Presentation

- Ampoule, 2 mg/1 mL lorazepam: OR
- Ampoule, 4 mg/1 mL lorazepam

### Onset (peak)

2–3 hours (IM)  
15 minutes (IV)

### Duration

Variable

### Half-life

12–14 hours

### Schedule

- S4 (Restricted drugs).

### Routes of administration

Intramuscular injection (IM)

Intravenous injection (IV)



## Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- All lorazepam administrations must be from the patient's own supplies. Lorazepam will not be carried by QAS.
- Lorazepam strengths and presentations may vary. Ambulance clinicians must check the presentation of the product being administered and refer to the relevant preparation instructions within the DTP.
- Lorazepam is highly irritant, extravasation may cause significant tissue damage. Monitor the injection site closely.
- Paramedics should be cognizant and prepared for any complication associated with the cumulative effects of benzodiazepines.
- All cannulae and IV lines must be flushed thoroughly with sodium chloride 0.9% following each medication administration.



## Paediatric dosages

**Note:** QAS officers are **NOT** authorised to administer lorazepam to paediatric patients.

## Adult dosages<sup>[1,2]</sup>

### Post-ictal acute psychosis

(as specifically authorised in AMP 139/12)

	<b>IM</b>	<p><b>4 mg</b> <b>Single dose only.</b></p> <p><i>Syringe preparation (2 mg/mL presentation):</i> No preparation required. Draw up required dose into a suitably sized syringe.</p> <p><i>Syringe preparation (4 mg/mL presentation):</i> Dilute 4 mg/1 mL of lorazepam with 1 mL of sodium chloride 0.9% to achieve a final concentration of 4 mg/2 mL.</p>
	<b>IV</b>	<p><b>4 mg</b> Slow push over 2 minutes. <b>Single dose only.</b></p> <p><i>Syringe preparation (2 mg/mL presentation):</i> Dilute 4 mg/2 mL of lorazepam with 2 mL of sodium chloride 0.9% to achieve a final concentration of 4 mg/4 mL.</p> <p><i>Syringe preparation (4 mg/mL presentation):</i> Dilute 4 mg/1 mL of lorazepam with 1 mL of sodium chloride 0.9% to achieve a final concentration of 4 mg/2 mL.</p>