

wt less than 20 kg) or 0.5 mg/day (wt 20 kg or greater). Usual effective range 0.5 to 3 mg/day. [Generic/Trade: tabs 0.25, 0.5, 1, 2, 3, 4 mg. Oral soln 1 mg/mL (30 mL). Orally disintegrating tabs 0.25, 0.5, 1, 2, 3, 4 mg. Trade only: IM injection (Risperdal Consta) 12.5, 25, 37.5, 50 mg.] ▶LK ☉ ♀ ▶- \$\$\$\$\$ ■

**ZIPRASIDONE (Geodon, ★Zeldox)** **Schizophrenia:** start 20 mg PO two times per day with food; may adjust at more than 2-day intervals to max 80 mg PO two times per day. **Acute agitation in schizophrenia:** 10 to 20 mg IM. May repeat 10 mg q 2 h or 20 mg q 4 h up to max 40 mg/day. **Bipolar I disorder, monotherapy for acute manic or mixed episodes and adjunctive for maintenance:** start 40 mg PO two times per day with food; may increase to 60 to 80 mg two times per day on day 2. Usual effective dose is 40 to 80 mg two times per day. Must be taken with a meal of at least 500 calories for adequate absorption. [Generic/Trade: caps 20, 40, 60, 80 mg. Trade only: 20 mg/mL injection.] ▶L ♀ ▶- \$\$\$\$\$ ■

### **Anxiolytics/Hypnotics—Benzodiazepines—Medium Half-Life (10 to 15 h)**

*NOTE: To avoid withdrawal reactions and seizures, gradually taper when discontinuing after prolonged use. Sedative-hypnotics have been associated with complex sleep behaviors including sleep driving. Use caution and discuss with patients. Benzodiazepines can be associated with profound sedation, coma, respiratory depression, and death when combined with opioid medications.*

**ESTAZOLAM** 1 to 2 mg PO at bedtime. Consider 0.5 to 1 mg in the elderly, small, or debilitated patients. [Generic only: Tabs 1, 2 mg.] ▶LK ♀X ▶- ©IV \$\$ ■

**LORAZEPAM (Ativan)** **Anxiety:** start 0.5 to 1 mg PO two to three times per day, usual effective dose is 2 to 6 mg/day in divided doses. Max dose is 10 mg/day PO. For elderly or debilitated patients start 1 to 2 mg/day in divided doses and adjust as tolerated. **Preanesthetic/anxiolytic/sedation:** 0.05 mg/kg IM 2 h prior to procedure to max 4 mg. 0.044 mg/kg IV or 2 mg whichever is less to max 0.05 mg/kg or 4 mg whichever is less 15 to 20 min prior to procedure. **Insomnia:** 2 to 4 mg PO at bedtime. **Status epilepticus:** 4 mg IV over 2 min. May repeat in 10 to 15 min. May use IM if IV not available. **Status epilepticus:** Peds (unapproved): 0.05 to 0.1 mg/kg (max 4 mg) IV over 2 to 5 min; may repeat 0.05 mg/kg once in 10 to 15 min. Half-life 10 to 20 h. **Anxiolytic/sedation in ICU** (unapproved): 0.02 to 0.04 mg/kg IV loading dose. 0.02 to 0.06 mg/kg IV q 2 to 6 h or 0.01 to 0.1 mg/kg/h continuous IV infusion to max 10 mg/h. **Agitation, acute** (unapproved): 1 to 2 mg PO/IM/IV. [Generic/Trade: tabs 0.5, 1, 2 mg. Generic only: Oral concentrate 2 mg/mL.] ▶LK ♀D Evidence of fetal harm. ▶- ©IV \$ ■

**TEMAZEPAM (Restoril)** 7.5 to 30 mg PO at bedtime (usual dose 15 mg). Start 7.5 mg PO in elderly or debilitated patients. Half-life 8 to 25 h. [Generic/Trade: caps 7.5, 15, 22.5, 30 mg.] ▶LK ♀X ▶- ©IV \$ ■

### **Anxiolytics/Hypnotics—Benzodiazepines—Long Half-Life (25-100 h)**

*NOTE: To avoid withdrawal reactions and seizures, gradually taper when discontinuing after prolonged use. Use cautiously in the elderly; may accumulate*

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