SEDATIVE AGENTS (Route)	TIME TO ONSET	ELIMINATION HALF-LIFE	ACTIVE METABOLITES	SIDE EFFECTS & OTHER RELEVANT INFORMATION
Midazolam (IV)	2-5 minutes	3-11 hours	YES	Side effects- Respiratory depression, hypotension Short acting benzodiazepine with hypnotic, anxiolytic, and amnesic properties but **no analgesic properties**. Potential to accumulate in renal and hepatic failure due to delayed metabolism and accumulation of active metabolites. Can promote delirium, but is a potent anticonvulsant for use in seizures.
Lorazepam (IV)	15-20 minutes	6-15 hours	NONE	Side effects- Respiratory depression, hypotension; propylene glycol-related acidosis, nephrotoxicity & phlebitis Longer acting benzodiazepine with particularly potent amnesic and anxiolytic properties but **no analgesic properties**. It causes little or mild cardiovascular and respiratory depression in appropriate doses. It has no active metabolites and its metabolism is little affected by organ dysfunction, but it has a long half-life. It is usually given by intermittent bolus injection. Can promote delirium, but is a potent anticonvulsant for use in seizures.
Diazepam (IV)	5-10 minutes	20-120 hours	YES	Side effects- Respiratory depression, hypotension, phlebitis Reduce dose in hepatic impairment. When given IV facilities for reversing respiratory depression with mechanical ventilation must be immediately available.
Propofol (IV)	1-2 minutes	Short term use 3-12 hours Long term use 32-68 hours	NONE	Side effects- Pain on injection, hypotension, respiratory depression, hypertriglyceridemia, pancreatitis, allergic reactions, PRIS. Acts via GABA receptors and has hypnotic, anxiolytic, and amnesic properties but **no analgesic properties**. It can cause cardiovascular and respiratory depression in sick patients, so bolus doses should be used cautiously. It has no active metabolites and its metabolism is little affected by organ dysfunction. Propofol has lower tendency to cause delirium than benzodiazepines. Propofol can cause a serious complication "propofol infusion syndrome" (PRIS) which is more common in the paediatric population. 33-51% mortality rate associated with PRIS.

Dexmetetomidine (IV)	5-10 minutes	1.8-3.1 hours	NONE	Side effects- Bradycardia, hypotension; hypertension with loading dose; loss of airway reflexes with loading dose. Centrally acting α2 agonist with hypnotic, anxiolytic, and analgesic properties. It has less amnesic effects than benzodiazepines. It's onset of action is relatively slow. Importantly it causes **virtually no respiratory depression and can be continued safely in extubated patients**. It commonly causes bradycardia. It has a short duration of action which wears off quickly, and is not thought to accumulate in hepatic and renal failure. Dexmeditomidine is currently an expensive sedative agent usually restricted to "difficult" sedation problems and/or drug withdrawal.
Chloral Hydrate (PO/PR)	20-60 minutes	8-10 hours	YES	Side effects- respiratory depression, hypotension, delirium, gastric irritation & headache. Acts via GABA receptors and has hypnotic, anxiolytic, and amnesic properties but **no analgesic properties**. Chronic use is known to cause dependency and withdrawal. Frequent does for >5 days must be reduced 10-20% daily avoid abrupt withdrawal. Avoid in severe renal & hepatic impairment