Unique Plan Description: Sedation and Analgesia for Ventilated Patients
Plan Selection Display: Sedation and Analgesia for Ventilated Patients
PlanType: Medical
Version: 1
Begin Effective Date: 04/09/13 07:52
End Effective Date: Current
Available at all facilities

Sedation and Analgesia for Ventilated Pt
Non Categorized

Richmond Agitation Sedation Scale (RASS)(NOTE)*

+4   Combative   Overtly combative, violent, immediate danger to staff+3
Very agitated   Pulls or removes tube(s) or catheter(s); aggressive+2   Agitated
Frequent non-purposeful movement, fights ventilator+1   Restless   Anxious
but movements not aggressive vigorous 0   Alert and calm-1   Drowsy
Not fully alert, but has sustained awakening
(eye-opening/eye contact) to voice (>/= 10 seconds)-2   Light sedation   Briefly
awakens with eye contact to voice (< 10 seconds)-3   Moderate sedation   Movement or
eye opening to voice (but no eye contact)-4   Deep Sedation   No response to
voice, but movement or eye opening to   physical
stimulation-5   Unarousable   No response to voice or physical
stimulation(NOTE)*

Pt Care/Activity

Choose lightest level of sedation adequate to meet goals(NOTE)*

☑ Sedation Goal (RASS)
T;N, Goal: RASS -2 to +1 (Light Sedation) (DEF)*
T;N, Goal: RASS -3 (Moderate Sedation)
T;N, Goal: RASS -4 (Deep Sedation)
T;N, Goal: RASS -5 (Very Deep Sedation-Unarousable)

☑ Richmond Agitation Sedation Scale (RASS)
T;N, q4hr
Comments: if patient not at RASS goal, reassess sedation in 2 hours

☑ Spontaneous Awakening Trial
T;N, qam
Comments: between 0800-1200

☑ Notify Physician if
T;N
Comments: Patient takes greater than 2 hours to wake up. Hypotension or hemodynamic instability. Uncontrolled agitation. Excessive sedation/unresponsiveness.   Self extubated or no longer mechanially ventilated.

Medications

Choose ONE analgesic and ONE sedative medication.   Optimize analgesic before initiating sedative.(NOTE)*

Analgesics

Intermittent Fentanyl Dosing:(NOTE)*

☐ fentaNYL IV
25 mcg, IVPush, q 15min, NOW, PRN see comments (DEF)*
Comments: PRN until pain/sedation goal met, then every 1 hour to maintain pain/sedation goal.
50 mcg, IVPush, q 15min, NOW, PRN see comments
Comments: PRN until pain/sedation goal met, then every 1 hour to maintain pain/sedation goal.

Continuous Infusion Fentanyl Dosing: Choose BOTH below:(NOTE)*

☐ fentaNYL IV Continuous Infusion (Std Conc) (IVS)*
premix sodium chloride 0.9% 250 mL
mL, IV, Routine
Comments: Administer a bolus dose from infusion using the SMART pump bolus button prior to increasing the infusion.   Do NOT hold if patient has pain.   Patients

receiving fentaNYL for more than 1 week require tapering of dose by 25% per day; monitor for signs of withdrawal (sweating, agitation, hypertension, tachycardia). If at any time RASS score is below goal (i.e. patient more heavily sedated), hold sedative until the RASS goal is achieved then restart at 50% of previous dose.

        fentaNYL additive.
           2,500 mcg, EB, 25, mcg/hr

☐   fentaNYL IV Continuous Infusion (Std Conc) CH (IVS)*
        sodium chloride 0.9% qs to final vol:
           mL, IV, Routine
               Comments: Administer a bolus dose from infusion using the SMART pump bolus button prior to increasing the infusion. Do NOT hold if patient has pain. Patients receiving fentaNYL for more than 1 week require tapering of dose by 25% per day; monitor for signs of withdrawal (sweating, agitation, hypertension, tachycardia). If at any time RASS score is below goal (i.e. patient more heavily sedated), hold sedative until the RASS goal is achieved then restart at 50% of previous dose

        fentaNYL add`
           2,500 mcg, EB, 25, mcg/hr

☐   fentaNYL IV
        25 mcg, IVPush, unscheduled, Routine, PRN see comments (DEF)*
           Comments: Administer a bolus dose from infusion using the SMART pump bolus button prior to increasing fentaNYL infusion.
        50 mcg, IVPush, unscheduled, Routine, PRN see comments
           Comments: Administer a bolus dose from infusion using the SMART pump bolus button prior to increasing fentaNYL infusion.

Sedatives

        Continuous Infusions(NOTE)*

☐   propofol IV Continuous Infusion (Std Conc)* (IVS)*
        container volume:
           mL, IV, Routine
               Comments: Titrate to RASS sedation goal. Start at 5 mcg/kg/min. Increase by 5 to 10 mcg/kg/min every 15 minutes until desired RASS sedation goal met. If at any time RASS score is below goal (i.e. patient more heavily sedated), hold sedative until the RASS goal is achieved then restart at 50% of previous dose. Notify physician/PA if rate greater than 50 mcg/kg/min.
        propofol additive
           1,000 mg, EB, 5, mcg/kg/min

☐   dexmedetomidine IV Continuous Infusion (Std Conc) 50 mL (IVS)*
        sodium chloride 0.9% qs to final vol:
           mL, IV, NOW, Start: T;N
               Comments: Titrate to RASS sedation goal. Start at 0.2 mcg/kg/hr. Increase by 0.1 mcg/kg/hr every 30 minutes until desired RASS sedation goal met. Usual dose range 0.2-1.5 mcg/kg/hr. Notify physician/PA if rate greater than 1.5 mcg/kg/hr. If at any time RASS score is below goal (i.e. patient more heavily sedated), hold sedative until the RASS goal is achieved then restart at 50% of previous dose.
        dexmedetomidine additive
           200 mcg, EB, 0.2, mcg/kg/hr

*Report Legend:
T:N - Timed Now
DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a sub phase