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 Patients
Non Categorized
Richmond Agitation Sedation Scale (RASS)(NOTE)*
+4 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
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
treatment 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 mechanically 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 additive.

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