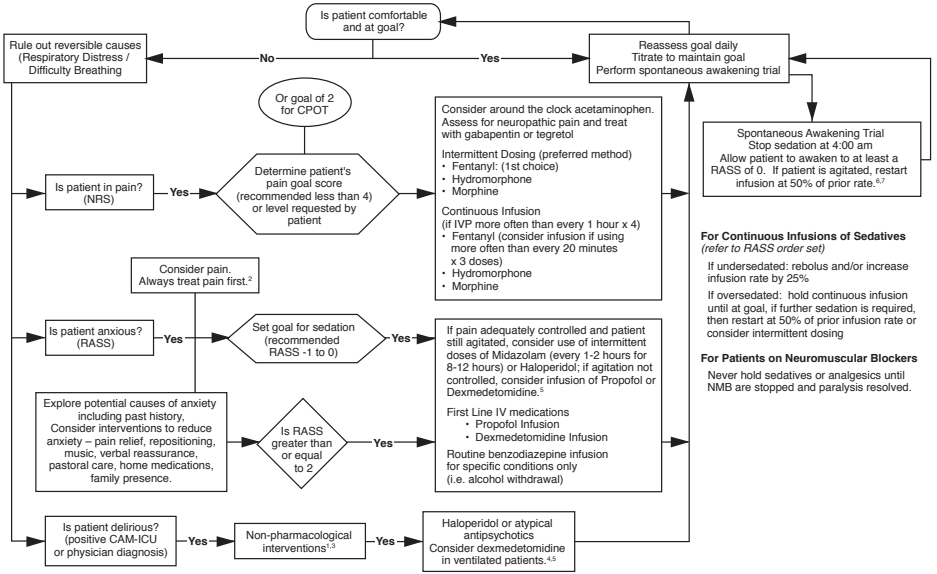
Saint Joseph Mercy Health System

Pain, Agitation & Delirium (PAD) Guideline in Mechanically Ventilated Adult ICU Patients



NRS = Numerical Rating Scale
CPOT = Critical Care Pain Observation Tool
RASS = Richmond Agitation & Sedation Scale
CPP = Cerebral Perfusion Pressure
CAM-ICU = Confusion Assessment Method for the ICU ICP = Intracranial Pressure

Modified from 2013 SCCM Pain, Agitation & Delirium Guidelines. Crit Care Med 2013

Non-pharmacological Interventions

SAINT JOSEPH MERCY HEALTH SYSTEM
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Daytime

a. Provide visual and hearing aids during the daytime.
b. Encourage communication and reorient patient repetitively
c. Provide non-verbal music or patients preference
d. Open shades and keep lights on during the day
e. Provide uninterrupted rest every afternoon between 1300-1500.
f. Minimize use of physical restraints (including lines and tubes).

Night time

a. Ask patient if needs toileting (bedpan, bathroom, bedside commode)
b. Ensure call light within reach and bed in lowest position, close shades, dim lights, close door, put up sign on door re: sleep protocol.
c. Minimize noise throughout unit and in patient rooms.
d. Allow for minimum of 2 hours of uninterrupted sleep, remove automatic BP cuff, enter room with flashlight or low lighting, bundle activities to minimize activity in room.
e. If patient has been hemodynamically stable for at least 24 hours, explore with team extending uninterrupted sleep to 4 hours (only patients who can self-turn, no restraints.

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1. Consider stopping or substituting deliriogenic medications – benzodiazepines, anticholinergic medications (metoclopramid, promethazine, diphenhydramine, tricyclic antidepressants) and steroids. If necessary use hydromorphone or fentanyl. (See non-pharmacologic protocol ABOVE)
2. Analgesia: Always treat pain first. Pain control may decrease delirium. Consider intermittent analgesic if feasible. Assess with objective tool. Consider acetaminophen around the clock for pain control. Assess for neuropathic pain and treat with gabapentin or carbamazepine
3. Implement Sleep Protocol.
4. Delirium: Consider atypical antipsychotics early in the course of care, e.g. risperidone, olanzapine, quetiapine. While tapering sedation, consider haloperidol 2-5mg IV/PO initially (0.5-2mg in elderly patients) and then Q 6 hours. Suggested max haloperidol dose is 20mg/day. Monitor QT interval daily if haloperidol dose greater than 20 mg/day. Discontinue haloperidol if fever, prolonged QT or muscle rigidity.
5. Sedation: If pain adequately controlled and patient still agitated, consider use of propofol for vented patients or dexmedetomidine infusion for patients on ventilator who are CAM-ICU positive and require continuous sedative infusion or as they approach ventilator weaning. To limit exposure to benzodiazepines avoid frequent doses of benzodiazepines for extended periods of time. If fail the SAT, explore cause and consider converting to intermittent dosing.
6. Sedation awakening trial (changed from Sedation Holiday): Stop infusion to awaken patient as tolerated.
7. Spontaneous Breathing Trial (SBT): CPAP trial if on less than or equal to a FiO_2 of 50% and less than a PEEP of 8 and O_2 Sats greater than or equal to 90%.

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Sleep Protocol for ICU patients

- Ask patient if needs toileting (bedpan, bathroom or bedside commode)
- Ask patient/family about their normal nighttime routine to help promote sleep
- Coordinate care amongst the healthcare team (RN, RT, residents, etc.) to allow patient to have at least 4 hours of undisturbed sleep (2400-0400) (This is applicable to patients based on their acuity)
- Do shift assessment by 2400 as well as complete other nursing care needs
- Turn lights down, close shades and close door, (might need to prop door open, based on patient acuity/needs), put sign on door—catching my ZZZZZs
- Decrease stimulation in room—explore with patient/family if sleeps with noise/music
- Coordinate morning labs/CXR
- Be mindful of ventilator alarms
- Minimize noise level outside of patient room—avoid loud noises and conversations
- Offer patient earplugs
- Talk with physician about possible sleep medication