

ED/ICU Continuous Sedation and Analgesia [1252]

Protocol

General

Nursing

Nursing Sedation Assessment (Selection Required)

<input checked="" type="checkbox"/> Richmond agitation sedation scale	Routine, Per unit protocol Hold infusion daily at: Do not hold sedation Reason sedation not held. Patient on: Target RASS: -1 BIS Monitoring (Target BIS: 40-60): Reassess RASS at least Every 4 Hours If RASS -2 to -5, hold sedation and reassess every 30 minutes until RASS -1, then restart infusion at 1/2 the previous rate and titrate per protocol If RASS is 0 or -1 continue current regime Restart sedation protocol if any of the following occur MAP less than 50mmHg or greater than 120mmHg Development of acute distress HR greater than 120 bpm RR greater than 38 breaths/min SpO2 less than 88%
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IV Fluids

Infusions for Sedation

propofol (DIPRIVAN) or DEXMEDETomidine (PRECEDEX) infusion

<input type="checkbox"/> propofol (DIPRIVAN) infusion	0-50 mcg/kg/min, intravenous, continuous After initiation reassess RASS/BIS within 10 min. Titrate for Sedation. LESS than desired sedation effect: INCREASE rate by 5 mcg/kg/min. Reassess sedation within 10 minutes. DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. GREATER than desired sedation effect: DECREASE rate 5 mcg/kg/min and reassess sedation within 15 minutes. If patient requiring GREATER than: 50 mcg/kg/min, Contact MD to re-evaluate sedation therapy
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<input type="checkbox"/> DEXMEDETomidine (PRECEDEX) infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous Generally for mild to moderate sedation. Not for use in patients on neuromuscular blocking agents. NO LOADING DOSE. After initiation reassess RASS within 1 hour. Titrate for Sedation. LESS than desired sedation effect: INCREASE rate by 0.1 mcg/kg/hour. Reassess RASS within 1 hours. DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours GREATER than desired sedation effect: DECREASE rate by 0.1 mcg/kg/hour. Reassess RASS within one hour. If patient requiring GREATER than: 1.5 mcg/kg/hr, Contact MD to re-evaluate sedation therapy
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Infusions for Sedation

lorazepam (ATIVAN) or midazolam (VERSED) infusion - NOT HMW (Single Response)

() lorazepam (ATIVAN) 60 mg/30 mL infusion	<p>Loading Dose (optional): Not Ordered
Nursing Bolus Dose: 0.5 mg
Continuous Dose: Not Ordered intravenous, continuous</p> <p>If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour. If patient requires GREATER than 5 milligram/hour lorazepam, contact MD to re-evaluate sedation therapy.</p> <p>Indication(s): Sedation</p>
() midazolam (VERSED) 60 mg/30 mL infusion	<p>intravenous, continuous</p> <p>If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour. If patient requires GREATER than 5 milligram/hour midazolam, contact MD to re-evaluate sedation therapy.</p> <p>Indication(s): Sedation</p>

lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMW Only (Single Response)

() LORAZepam (ATIVAN) 30 mg/30 mL infusion	<p>Loading Dose (optional): Not Ordered
Nursing Bolus Dose: 0.5 mg
Continuous Dose: Not Ordered intravenous, continuous</p> <p>If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation in one hour.</p> <p>If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.</p> <p>If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour. If patient requires GREATER than 5 milligram/hour lorazepam, contact MD to re-evaluate sedation therapy.</p> <p>Indication(s): Sedation</p>
() MIDAZolam in 0.9% NaCl (VERSED) 55 mg/55 mL infusion	<p>intravenous, continuous</p> <p>If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.25 milligram/hour then reassess sedation in one hour.</p> <p>If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.</p> <p>If GREATER than desired sedation effect: Decrease rate by 0.25 milligram/hour and reassess sedation within one hour. If patient requires GREATER than 5 milligram/hour midazolam, contact MD to re-evaluate sedation therapy.</p> <p>Indication(s):</p>

fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - HMSJ Only (Single Response)

<p>() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion</p>	<p>intravenous, continuous **Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.**</p> <p>If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 25 micrograms/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 25 micrograms/hour and reassess sedation within one hour. If patient requires GREATER than 200 micrograms/hour fentanyl, contact MD to re-evaluate sedation therapy.</p>
<p>() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% infusion</p>	<p>intravenous, continuous If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 0.5 milligrams/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.5 milligrams/hour and reassess sedation within one hour. If patient requires GREATER than 2 milligrams/hour hydromorphone, contact MD to re-evaluate sedation therapy.</p>

fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - NOT HMSJ (Single Response)

<p>() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion</p>	<p>intravenous, continuous **Due to fentaNYL 600 mcg/30 mL shortages, the new standard for all facilities will be fentaNYL 1500 mcg/30 mL. This concentration is 2.5 x more concentrated.**</p> <p>If LESS than desired sedation effect: administer ordered BOLUS dose IV Once and increase rate by 25 micrograms/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 25 micrograms/hour and reassess sedation within one hour. If patient requires GREATER than 200 micrograms/hour fentanyl, contact MD to re-evaluate sedation therapy.</p>
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() hydromorPHONE (DILAUDID) 15 mg/30 mL infusion

intravenous, continuous
If LESS than desired sedation effect: administer ordered BOLUS dose IVOnce and increase rate by 0.5 milligrams/hour then reassess sedation in one hour. If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours. If GREATER than desired sedation effect: Decrease rate by 0.5 milligrams/hour and reassess sedation within one hour. If patient requires greater than 2 milligrams/hour hydromorphone, contact MD to re-evaluate sedation therapy.

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