

## Protocol

## General

## Nursing

## Nursing Sedation Assessment (Selection Required)

[X] Richmond agitation sedation scale

Routine, Per unit protocol  
 Hold infusion daily at:  
 Target RASS:  
 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 ½ 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%

## IV Fluids

## Infusions for Sedation

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

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion

intravenous, continuous  
 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.  
 Maximum recommended dose 300 micrograms/hour.

( ) hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% infusion

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.  
 Maximum recommended dose 3 milligrams/hour.

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

( ) fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion

intravenous, continuous  
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.  
Maximum recommended dose 300 micrograms/hour.

( ) hydromorPHONE (DILAUDID) 15 mg/30 mL infusion

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.  
Maximum recommended dose 3 milligrams/hour.

**propofol (DIPRIVAN) or DEXMEDETomidine (PREcedex) infusion**

[ ] 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

[ ] 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

**lorazepam (ATIVAN) or midazolam (VERSED) infusion - HHM, HMSL, HMSJ, HMTW, HMWB, HMSTJ (Single Response)**

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( ) lorazepam (ATIVAN) 60 mg/30 mL infusion

intravenous, continuous  
If LESS than desired sedation effect: administer ordered BOLUS dose IV  
Once and increase rate by 0.5 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 0.5 milligram/hour and reassess sedation within one hour.  
If patient requires GREATER than 5 milligram/hour lorazepam, contact MD to re-evaluate sedation therapy.  
Maximum recommended dose 10 milligrams/hour.  
Indication(s): Sedation

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( ) midazolam (VERSED) 60 mg/30 mL infusion

intravenous, continuous  
If LESS than desired sedation effect: administer ordered BOLUS dose IV  
Once and increase rate by 0.5 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 0.5 milligram/hour and reassess sedation within one hour.  
If patient requires GREATER than 5 milligram/hour midazolam, contact MD to re-evaluate sedation therapy.  
Maximum recommended dose 10 milligrams/hour.  
Indication(s): Sedation

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

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( ) LORAZepam (ATIVAN) 30 mg/30 mL infusion

intravenous, continuous  
If LESS than desired sedation effect: administer ordered BOLUS dose IV  
Once and increase rate by 0.5 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 0.5 milligram/hour and reassess sedation within one hour.  
If patient requires GREATER than 5 milligram/hour lorazepam, contact MD to re-evaluate sedation therapy.  
Maximum recommended dose 10 milligrams/hour.  
Indication(s): Sedation

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| <p>( ) MIDAZolam in 0.9% NaCl (VERSED) 55 mg/55 mL infusion</p> | <p>intravenous, continuous<br/>         If LESS than desired sedation effect: administer ordered BOLUS dose IV<br/>         Once and increase rate by 0.5 milligram/hour then reassess sedation in one hour.<br/>         If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.<br/>         If GREATER than desired sedation effect: Decrease rate by 0.5 milligram/hour and reassess sedation within one hour.<br/>         If patient requires GREATER than 5 milligram/hour midazolam, contact MD to re-evaluate sedation therapy.<br/>         Maximum recommended dose 10 milligrams/hour.<br/>         Indication(s):</p> |
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**lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMSTC (Single Response)**

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| <p>( ) LORAZepam (ATIVAN) 60 mg/30 mL infusion</p> | <p>intravenous, continuous<br/>         If LESS than desired sedation effect: administer ordered BOLUS dose IV<br/>         Once and increase rate by 0.5 milligram/hour then reassess sedation in one hour.<br/>         If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.<br/>         If GREATER than desired sedation effect: Decrease rate by 0.5 milligram/hour and reassess sedation within one hour.<br/>         If patient requires GREATER than 5 milligram/hour lorazepam, contact MD to re-evaluate sedation therapy.<br/>         Maximum recommended dose 10 micrograms/hour.<br/>         Indication(s): Sedation</p> |
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| <p>( ) MIDAZolam (VERSED) 30 mg/30 mL infusion</p> | <p>intravenous, continuous<br/>         If LESS than desired sedation effect: administer ordered BOLUS dose IV<br/>         Once and increase rate by 0.5 milligram/hour then reassess sedation in one hour.<br/>         If DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours.<br/>         If GREATER than desired sedation effect: Decrease rate by 0.5 milligram/hour and reassess sedation within one hour.<br/>         If patient requires GREATER than 5 milligram/hour midazolam, contact MD to re-evaluate sedation therapy.<br/>         Maximum recommended dose 10 milligrams/hour.<br/>         Indication(s): Sedation</p> |
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