Sedation and Analgesia Guidelines for Adult Patients

- incoherent speech
- irritability
- paranoia
- delusions
- disorientation
- symptoms worse at night

HALOPERIDOL
USUAL: 2-10mg IV q2-4h

DELIRIUM
ASSESSE PATIENT’S NEEDS!

SEDATION/AGITATION

ROUTINE SEDATION

LORAZEPAM
Bolus: 1-4mg q 1-4 hrs

Continuous Infusion
Rebolus: 1-4 mg
Initial: 0.4-4mg/hr
Usual Maintenance Range: 1-4mg/hr
Titration: 0.4-1mg/hr

REASSESS PATIENT’S NEEDS!

>>Maximize lorazepam (10-15mg/hr)
>>REASSESS PATIENT’S NEEDS
-pain?
-ICU psychosis?

Amnesiac Effect Desired

Targeted Short-Term Sedation
>>frequent weaning attempts
>>short procedures

Frequent Neuro Assessments Desired

Propofol
Initial: 0.3-0.5mg/kg/hr x 5 min
Maintenance: 0.3-0.5mg/kg/hr
Titration: 0.5mg/kg/hr q 5-10 min
NO BOLUSING!!

Sedation Extended >24 hrs

Midazolam dc’d
Convert Midazolam to Lorazepam (4:1)

Sedation Period Extended >24 hrs

Propofol dc’d
Change to Lorazepam

Additional Uses for Propofol:
1. ICP Control
   - when other agents have failed
     (hyperventilation, mannitol, etc.)
2. Maintenance of sleep wake cycle
   - ONLY when other agents have failed
   - ONLY for short-term sedation
   - frequent reassessment required

PROPOFOL IN 10% LIPID: ADJUST CALORIC NEEDS & CHECK TG LEVEL

1. Side Effects
   - increase CRS interval
   - neuroleptic malignant syndrome
   - extrapyrimidal side effects
2. Droperidol may also be considered
   - same side effects

MIDAZOLAM
Initial 1-2mg (may repeat q 10-15 min)
Usual Maintenance Range: 1-10mg/hr
Titration: 1-2mg/hr

Sedation Extended >24 hrs

NO
YES
Midazolam dc’d
Convert Midazolam to Lorazepam (4:1)

NO
YES

Delirium

Assessment of Patient’s Needs

Routine Sedation

Lorazepam Bolus: 1-4mg q 1-4 hrs

Continuous Infusion
Rebolus: 1-4 mg
Initial: 0.4-4mg/hr
Usual Maintenance Range: 1-4mg/hr
Titration: 0.4-1mg/hr

Reassessment of Patient’s Needs!

>>Maximize lorazepam (10-15mg/hr)
>>Reassessment of Patient’s Needs
-pain?
-ICU psychosis?

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