

Medscape		
Richmond Agitation and Sedation Scale (RASS)		
+4	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	Anxious, apprehensive but movements not aggressive or vigorous
0	Alert & calm	
-1	Drowsy	Not fully alert, but has sustained awakening to voice (eye opening & contact ≥ 10 sec)
-2	Light sedation	Briefly awakens to voice (eye opening & contact < 10 sec)
-3	Moderate sedation	Movement or eye-opening to voice (but no eye contact)
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation
-5	Unarousable	No response to voice or physical stimulation
Source: Pain Manag Nurs © 2009 W.B. Saunders		
See Larger RASS Score on Back		

ONGOING SEDATION GUIDELINE FOR THE INTUBATED PATIENT

Ongoing Sedation/ Pain control for Intubated Patient

TRAUMA PATIENT

If BP < 90 systolic or MAP < 60 mmHg, Turn off Propofol

MEDICAL PATIENT

- Fluid resuscitation and blood products without using vasopressors (see **Blood Administration Guideline**)^①
- Consider permissive hypotension unless a head injury
- Ketamine 1-2 mg/kg IV x1 if patient agitated and sedation required

Is BP <90 Systolic ?

NO

YES

- Start Fentanyl at 50 mcg/kg/min and Versed at 2.5 mg/hr^{② ③}
- Titrate infusions up as needed and give IVP doses of Versed and Fentanyl as BP tolerates.

- Fluid resusitation as needed.
- Start Levophed at 0.01 mcg/kg/min or Dopamine at 5 mcg/kg min orfor goal of BP systolic > 90 or MAP > 65

Is BP > 90 Systolic ?

NO

YES

- If BP systolic < 110 mmHg, turn off Propofol
- If systolic BP > 120 mmHg, keep Propofol infusing (max 50 mcg/kg/min). Start Fentanyl infusion as well at 50 mcg/hr and titrate as tolerated.
- If not on Propofol, start Fentanyl at 50 mcg/kg/min and Versed at 2.5 mg/hr
- Titrate infusions as needed and give IVP doses of Versed and Fentanyl as needed.^{② ③ ④}

Medscape		
Richmond Agitation and Sedation Scale (RASS)		
+4	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	Anxious, apprehensive but movements not aggressive or vigorous
0	Alert & calm	
-1	Drowsy	Not fully alert, but has sustained awakening to voice (eye opening & contact ≥ 10 sec)
-2	Light sedation	Briefly awakens to voice (eye opening & contact < 10 sec)
-3	Moderate sedation	Movement or eye-opening to voice (but no eye contact)
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation
-5	Unarousable	No response to voice or physical stimulation
Source: Pain Manag Nurs © 2009 W.B. Saunders		

- Only start levophed infusion if adequate fluids/ blood given. If actively bleeding, ensure blood products being given
- Max. infusion dose of Fentanyl is 400 mcg/hr and Versed 15 mg /hr (usually max dose only required in ETOH withdrawal and hyperdynamic states such as burns).
- Sedate as needed to a RASS score of -3 or lower. Use Zemuron only for agitation but ensure adequate sedation if Zemuron used.
- Propofol has anticonvulsant properties so can be beneficial in the patient with seizures.