Medscape ONGOING SEDATION GUIDELINE FOR THE INTURATED PATIENT Richmond Agitation and Sedation Scale (RASS) Ongoing Sedation/ Pain control for Intubated Combative violent, immediate danger to staff Very Agitated Pulls or removes tube(s) or catheter(s); aggressive Patient Agitated Frequent non-purposeful movement, fights ventilator Restless Anxious, apprehensive but movements not aggressive or vigorous Alert & calm Drowsy Not fully alert, but has sustained awakening to voice (eye opening & contact ≥ 10 sec) Light sedation Briefly awakens to voice (eye opening & contact < 10 sec) If BP < 90 systolic or Moderate sedation Movement or eve-opening to voice (but no eve contact) MAP < 60 mmHaΤΡΑΙΙΜΑ ΡΑΤΙΕΝΤ MEDICAL PATIENT Deep sedation No response to voice, but movement or eye opening to Turn off Propofol physical stimulation No response to voice or physical stimulation Unarousable Source: Pain Manag Nurs @ 2009 W.B. Saunder See Larger RASS Score on Back Fluid resuscitation and blood products without using vasopressors (see **Blood Administration** Fluid resusitation as needed. Guideline) (1) Start Levophed at 0.01 mcg/kg/min or Dopamine at 5 mcg/ Consider permissive hypotension unless a head kg min orfor goal of BP systolic > 90 or MAP > 65 Ketamine 1-2 mg/kg IV x1 if patient agitated and sedation required Is BP > 90 Systolic Is BP <90 YES Systolic YES NO NO If BP systolic < 110 mmHg, turn off Propofol If systolic BP > 120 mmHg, keep Propofol infusing (max 50 mcg/kg/min). Start Fentanyl at 50 mcg/kg/min and Versed at 2.5 Start Fentanyl infusion as well at 50 mcg/hr and titrate as tolerated. 2 3 mg/hr If not on Propofol, start Fentanyl at 50 mcg/kg/min and Versed at 2.5 mg/hr Titrate infusions up as needed and give IVP doses Titrate infusions as needed and give IVP doses of Versed and of Versed and Fentanyl as BP tolerates. Fentanyl as needed. (2)(3)(4)

- 1. Only start levophed infusion if adequate fluids/ blood given. If actively bleeding, ensure blood products being given
- 2. 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).
- 3. Sedate as needed to a RASS score of -3 or lower. Use Zemuron only for agitation but ensure adequate sedation if Zemuron used.
- 4. Propofol has anticonvulsant properties so can be beneficial in the patient with seizures.