

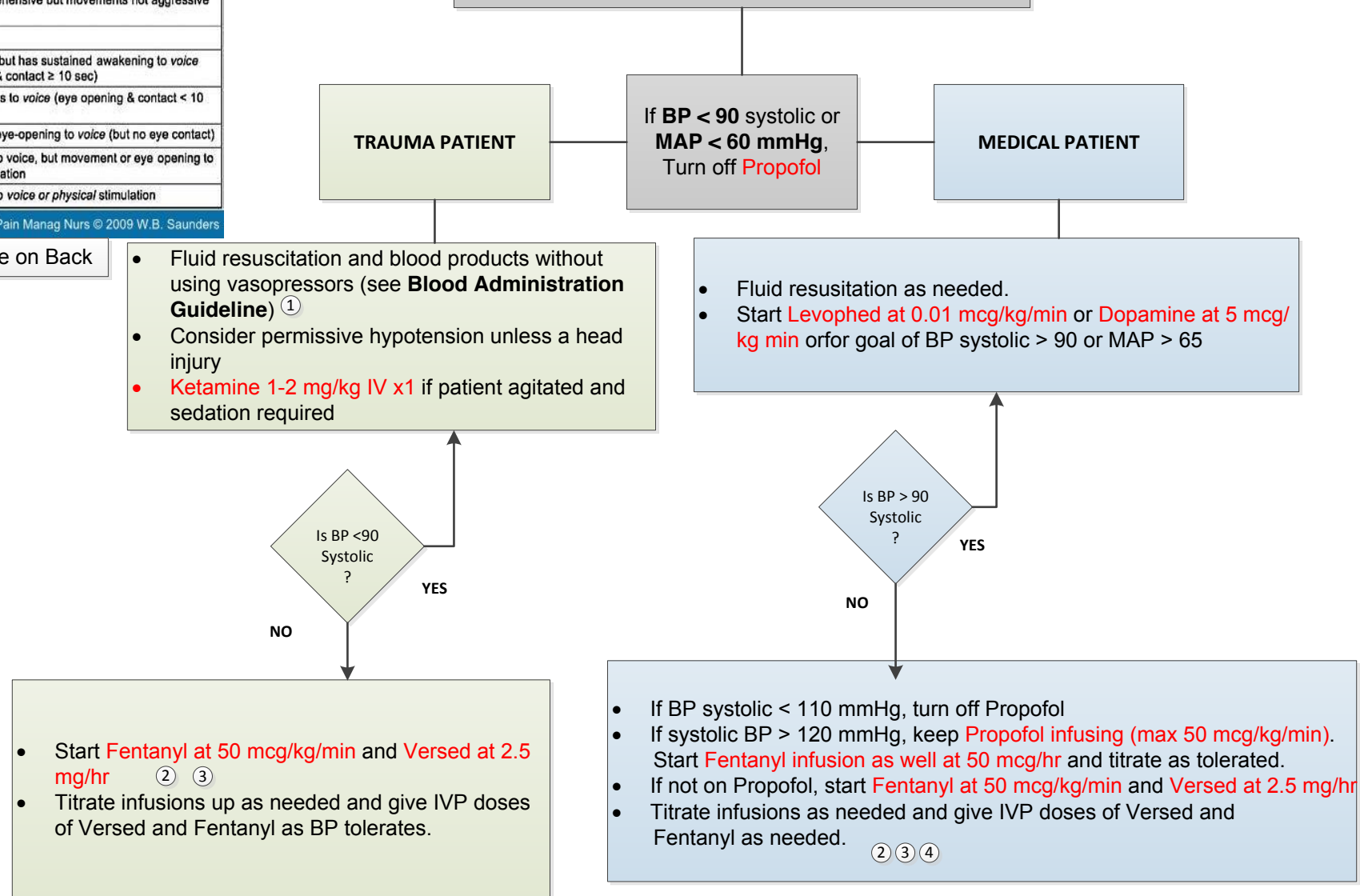
# ONGOING SEDATION GUIDELINE FOR THE INTUBATED PATIENT

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 $\geq$ 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/ Pain control for Intubated Patient



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.