

MICU MD Sedation Algorithm

Exclusion Criteria: Paralyzed/ proned, status epilepticus, patients with Riker goal ≤ 2 (i.e. severe ARDS/ hypoxemia, bronchial blocker, Minnesota tube, severe polysubstance overdose)

Doses are suggested starting points and should be tailored to individual patient requirements

Riker Sedation-Agitation Scale (SAS)

Score	Term	Descriptor
7	Dangerous Agitation	Pulling at ET tube, trying to remove catheters, climbing over bedrail, striking at staff, thrashing side-to-side
6	Very Agitated	Requiring restraint and frequent verbal reminding of limits, biting ETT
5	Agitated	Anxious or physically agitated, calms to verbal instruction
4	Calm and Cooperative	Calm, easily arousable, follows commands
3	Sedated	Difficult to arouse but awakens to verbal stimuli or gentle shaking, follows simple commands but drifts off again
2	Very Sedated	Arouses to physical stimuli but does not communicate or follow commands, may move spontaneously
1	Unarousable	Minimal or no response to noxious stimuli, does not communicate or follow commands

1) PRN Sedation

- Order maintenance sedation
 - Fentanyl 50mcg IV Q1H PRN Riker 4
 - Midazolam 2mg IV Q2H PRN agitation, target Riker 4
- Order breakthrough sedation
 - Fentanyl 50mcg IV Q5min PRN breakthrough pain (max 3 doses in 1 hour)
 - Midazolam 1mg IV Q5min PRN breakthrough agitation (max 3 doses in 1 hour)



Not at goal

2) Analgo-sedation + PRN midazolam

- Order fentanyl IV continuous infusion @ 25mcg/hr
 - Titration parameter: "do not exceed 100mcg/hr, target Riker 4"
- Ensure utilization of PRN Midazolam
 - 2mg IV Q2H PRN agitation, target Riker 4
 - 1mg IV Q5min PRN breakthrough agitation (max 3 doses in 1 hour)



Call PACCM fellow to assess

Not at goal

3) Bedside assessment for etiology of agitation

- Pain
 - Order oxycodone 10mg gastric tube Q4H PRN pain (severe)
 - Increase PRN fentanyl to 100mcg IV Q1H PRN Riker 4
 - Agitation/ delirium
 - Consider adding quetiapine 50mg gastric tube BID
 - Consider adding haloperidol 5mg IV Q6H PRN agitation
- **Ensure EKG is ordered upon initiation of antipsychotics to assess QTc***



Call PACCM fellow to assess

Not at goal

4) Sedation

- Order propofol
 - IV continuous infusion @ 20mcg/kg/min
 - Titration parameter: "do not exceed 50mcg/kg/min, target Riker 4"
- **Use caution if: hypotensive, bradycardic, high triglycerides, or pancreatitis***



Alternative sedation



5) Ketamine

- IV continuous infusion @ 0.1mg/kg/hr
 - Titration parameter: "do not exceed 1mg/kg/hr, target Riker 4"
- **Use caution if: tachycardic, hypertensive or significant psychiatric disease***

5) Dexmedetomidine

- IV continuous infusion @ 0.2mcg/kg/hr
 - Titration parameter: "do not exceed 1.5mcg/kg/hr", target Riker 4
- **Use caution if: hypotensive, bradycardic, or on vasopressors***