PAIN
☐ Titrate for pain scale (0-10) to ________.

Hemodynamically Unstable Patient (SBP less than 100 / MAP less than 60 or Morphine ineffective or Morphine allergy)
(For patients on Opiate infusion greater than 7 days, wean infusion by 20% initially, then 10% every 12 hours depending on patient response)
☐ Fentanyl (Sublimaze) ________mcg IV bolus; may repeat x 1; THEN
☐ Fentanyl (Sublimaze) continuous infusion - start at 25-50 mcg/hr; may increase by 25 mcg Q 30 min.
   If not effective, re-bolus with 25 mcg Q 15 min x 4; titrate for pain (0-10) __________. If still not effective, notify physician.
   For over-sedation, decrease dose by 50%.

Fentanyl may accumulate during continuous infusion therapy; use caution to adjust infusion rate over time.
☐ Daily Fentanyl Drug holiday - Stop infusion until patient awake or uncomfortable, then restart at same rate.

Alternative Therapy for Hemodynamically Unstable Patient (Use if Fentanyl Unavailable)
☐ Hydromorphone bolus 0.5 mg IV; may repeat x 1, then start Hydromorphone continuous infusion at 0.5 mg/hr or __________mg/hr. Titrate for pain (0-10) __________.
☐ Daily drug holiday - Stop infusion until patient awake or uncomfortable, then restart at same rate.

Hemodynamically Stable Patient (SBP greater than 100 / MAP greater than 60)
(For patients on Opiate infusion greater than 7 days, wean infusion by 20% initially, then 10% every 12 hrs)
☐ Morphine Bolus 2-8 mg IV; may repeat Q 15 min x 1 THEN
☐ Morphine 2-10 mg/hr continuous infusion - titrate for pain relief (0-10) __________.
☐ Daily Morphine Drug holiday - Stop infusion until patient awake or uncomfortable, then restart at same rate.
   OR
☐ Morphine _____________mg IV every ________hr(s) ☐ Other ______________________

☐ Laxative Protocol for all patients on Opioids ☐ Renal Laxative Protocol

SEDATION
☐ Titrate to Riker Sedation-Agitation Scale (SAS) Score__________

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Dangerous agitation</td>
<td>5</td>
<td>Agitated</td>
</tr>
<tr>
<td>6</td>
<td>Very agitated</td>
<td>4</td>
<td>Calm and cooperative</td>
</tr>
</tbody>
</table>

☐ Initiate BIS monitoring.

For Prolonged Sedation Greater Than 24 to 48 hours
☐ Lorazepam (Ativan) 2 mg IV every 2 hours PRN (No Infusion) – Titrate to SAS ______ or BIS ________.
☐ Lorazepam (Ativan) 2 mg IV every 30 min x 2, THEN Lorazepam continuous infusion (25 mg / 250 ml D5W)
   Start at 0.5 mg/hr to 5 mg/hr and titrate for SAS ______ or BIS ________.
☐ Sedation Holiday - Stop infusion every 24 hours until patient awake or SAS ______ or BIS greater than 80; then resume sedation order.

For Mechanically Ventilated Patient with Anxiety ( Likely to extubate self. Expected to wean in 24 hours)
☐ Propofol (Diprivan) continuous infusion - start at 20 mcg/kg/min; titrate for BIS ______ or SAS ________.
   Increase by 5-10 mcg/kg/min Q10 min up to 100 mcg/kg/min. Call physician if not effective.
   Order Triglyceride level after 72 hours.
☐ Sedation Holiday - Stop infusion every 24 hours until patient awake or SAS ______ or BIS greater than 80; then resume sedation order.

Date ___________ Time ___________ Physician __________________________

Sutter Roseville Medical Center
A Sutter Health Affiliate

Critical Care Pain/Sedation Orders During Mechanical Ventilation

50-0010-E003 (12/21/05)