



SCANNED TO PHARMACY

STAT MEDICATION

Date: _____ Time: _____

Analgesia

1. Fentanyl continuous drip. Start at 25mcg/hr and titrate by 5mcg/hr every 5 minutes to comfort (200mcg/hr max).
2. Discontinue Fentanyl drip once patient is extubated.

Acute Sedation

1. Propofol drip: Start at 5mcg/kg/min; titrate up by 5mcg/kg/min every 5 minutes to a modified Ramsey of 3 (50mcg/kg/min max).
2. Monitor closely for hypotension. If systolic BP drops to less than 100 mmHg, decrease drip rate by 50%. If systolic BP drops to less than 90 mmHg, administer 250mL saline bolus. If BP remains less than 90 mmHg, call MD.
3. If sedation not achieved at 50mcg/kg/min Propofol, initiate Midazolam drip (in addition to the Propofol), starting at 2mg IV bolus every 10 minutes until sedation is achieved (10mg/hr max). Use the total bolus amount given to determine the mg/hr drip dose (i.e.; if total bolus is 6 mg start at 6 mg/hour).
4. Draw serum triglyceride level 48 hours after initial administration of Propofol.

Sedation >72 hours

1. If the patient requires sedation after 72 hours of Propofol use, transition Propofol to off and initiate Midazolam drip at 2mg/hr for continued sedation or continue Midazolam if the patient is already on the drip.
2. Midazolam continuous drip at 2 mg/hr. Increase by 2mg/hr every 10 minutes to a maximum rate of 10 mg/hr for a modified Ramsey scale of 3.

Daily Awakening Trial (Sedation Vacation)

1. Perform daily A.M. sedation vacation to assess neurological status and readiness for extubation.
*Check with neurologist or neurosurgeon first (if neurology patient).
2. Alert RT for timing of sedation vacation to allow RT to perform spontaneous breathing evaluation.
Medication reduction for sedation vacation as follows:
 - Fentanyl: Decrease drip to half the current infusion dose.
 - Propofol: Decrease by 5mcg/kg/min every 5 minutes until patient is awake enough for neuro assessment and the RT evaluation is complete.
 - Midazolam: Turn off.
3. Complete and document Glasgow Coma Scale, level of sedation, level of pain on 24 hour patient care record.
4. If the patient meets criteria for a successful spontaneous breathing evaluation, RCP to proceed to spontaneous breathing trial.
5. If the patient does not meet the criteria for passing a spontaneous breathing evaluation, or has failed a spontaneous breathing trial, resume analgesia (and sedation if needed).
Resume the patient's prior analgesia (and sedation if needed) after sedation vacation as follows:
 - Fentanyl: Increase 5mcg/hr every 5 minutes as needed to comfort (200mcg/hr max).
 - Propofol: Restart sedation only if patient remains uncomfortable on Fentanyl alone. Increase by 5mcg/kg/min every 5 minutes to a level maintaining patient comfort or a modified Ramsey of 3, whichever is first obtained (50 mcg/kg/min max).
 - Midazolam: Give bolus Midazolam 2mg and increase by 2mg every 10 minutes until sedation is restored. (follow above Acute Sedation and Sedation >72 hours orders).

Physician Signature: _____ Physician #: _____

Authorization for therapeutic substitution is given unless checked here



A Sutter Health Affiliate

**Analgesia / Sedation Orders
for Ventilated Patients**

Patient Identification