



SCANNED TO PHARMACY

STAT MEDICATION

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 IV 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 _____

Score	Description	Score ..	Description	Score	Description
7	..... Dangerous agitation	5	..... Agitated	3	..... Sedated
6	..... Very agitated	4	..... Calm and cooperative	2	..... Very sedated
				1	..... Unarousable

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 _____



Critical Care Pain/Sedation Orders During Mechanical Ventilation

Patient Identification