TICU Analgesia/Sedation Protocol for Mechanically Ventilated Patients

- Initiate fentanyl infusion 50-200 mcg/hr
- AND
- propofol infusion 5-50 mcg/kg/hr
- OR
- †Dexmedetomidine infusion 0.1-1.5 mcg/kg/hr

Is patient in pain?
- Yes
  - Initiate/increase multimodal therapy (as appropriate): acetaminophen, gabapentin, NSAIDs, muscle relaxers, prn hydromorphone, prn oxycodone
  - Bolus fentanyl 50-100 mcg IV
  - Increase fentanyl infusion by 25-50 mcg/hr
- No

Is patient meeting goal RASS?
- Yes
  - Decrease sedative/analgesic to achieve RASS target.
  - If severely over-sedated, hold sedation and restart at 50% if clinically indicated
- No
  - Reassess every 1-2 hr

Actual RASS < Goal RASS
  - Decrease sedative/analgesic to achieve RASS target.
  - If severely over-sedated, hold sedation and restart at 50% if clinically indicated
  - Bolus (propofol only) and/or increase rate, if appropriate
  - If agitated/delirious, initiate or increase oral agents per Delirium/Agitation PMG
  - If propofol intolerance (CPK ≥ 5000 or Triglycerides > 500), may consider midazolam infusion 0.5-10 mg/hr or dexmedetomidine infusion

Actual RASS > Goal RASS
  - Increase sedative/analgesic to achieve RASS target.
  - If severely over-sedated, hold sedation and restart at 50% if clinically indicated

Perform SAT and SBT daily and consult physical and occupational therapy when able

†Do not use in patients with neurogenic shock, bradycardia, or if requiring sedation for ICP control or for ventilator synchrony.

References: