

Protocol

General

Nursing

Nursing Sedation Assessment (Selection Required)

[X] Richmond agitation sedation scale	Routine, Per unit protocol Hold infusion daily at: Target RASS: BIS Monitoring (Target BIS: 40-60): Reassess RASS at least Every 4 Hours and PRN. Follow titration instructions in sedative order. During daily sedation hold, restart sedation protocol if any of the following occur MAP less than 50mmHg or greater than 120mmHg Development of acute distress HR greater than 120 bpm RR greater than 38 breaths/min SpO2 less than 88%
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IV Fluids

Infusions for Sedation

fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - HMSJ Only (Single Response)

() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 25mcg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 25 mcg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 200 mcg/hr fentanyl, contact MD to re-evaluate sedation therapy
() hydromorPHONE (DILAUDID) 30 mg/30 mL in sodium chloride 0.9% infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 2 mg/hr hydromorphone, contact MD to re-evaluate sedation therapy Maximum recommended dose 3 mg/hr

fentanyl (SUBLIMAZE) or hydromorPHONE (DILAUDID) infusion - NOT HMSJ (Single Response)

() fentaNYL (SUBLIMAZE) 1500 mcg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 25mcg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 25 mcg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 200 mcg/hr fentanyl, contact MD to re-evaluate sedation therapy
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() hydromorPHONE (DILAUDID) 15 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr and reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 2 mg/hr hydromorphone, contact MD to re-evaluate sedation therapy Maximum recommended dose 3 mg/hr
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propofol (DIPRIVAN) or DEXMEDETomidine (PRECEDEX) infusion (Single Response)

() propofol (DIPRIVAN) infusion	0-50 mcg/kg/min, intravenous, continuous Initiate propofol at 10 mcg/kg/min. Reassess RASS/BIS within 15 mins until at goal. LESS than desired sedation effect: INCREASE rate by 5 mcg/kg/min. Reassess RASS/BIS sedation within 15 minutes. DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hours. GREATER than desired sedation effect: Decrease rate by 5 mcg/kg/min then reassess RASS/BIS within 15 mins until at goal If patient requiring GREATER than: 50 mcg/kg/min, Contact MD to re-evaluate sedation therapy
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() dexMEDETomidine (PREcedex) infusion	0.1-1.5 mcg/kg/hr, intravenous, continuous Generally for mild to moderate sedation. Not for use in patients on neuromuscular blocking agents. NO LOADING DOSE. Initiate dexmedetomidine at 0.2 mcg/kg/hr. Reassess RASS within 30 mins until at goal. LESS than desired sedation effect: Increase rate by 0.1 mcg/kg/hr then reassess RASS within 30 mins until at goal. DESIRED sedation effect: Continue the same rate. Reassess sedation within 4 hours GREATER than desired sedation effect: Decrease rate by 0.1 mcg/kg/hour then reassess RASS within 30 mins until at goal. If patient requiring GREATER than: 1.5mcg/kg/hr, contact MD to re-evaluate sedation therapy
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ketamine infusion

[] ketamine 1500 mg/30 mL infusion syringe for sedation	intravenous, continuous RESTRICTED TO ICU in mechanically ventilated patients only:
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lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMH, HMSL, HMSJ, HMTW, HMWB, HMSTJ (Single Response)

() lorazepam (ATIVAN) 60 mg/30 mL infusion	intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation
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<p>() midazolam (VERSED) 60 mg/30 mL infusion</p>	<p>intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation</p>
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lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMW Only (Single Response)

<p>() LORAZepam (ATIVAN) 30 mg/30 mL infusion</p>	<p>intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation</p>
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<p>() MIDAZolam in 0.9% NaCl (VERSED) 55 mg/55 mL infusion</p>	<p>intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s):</p>
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lorazepam (ATIVAN) or midazolam (VERSED) infusion - HMSTC (Single Response)

<p>() LORAZepam (ATIVAN) 60 mg/30 mL infusion</p>	<p>intravenous, continuous LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal If patient requires GREATER than 5mg/hr lorazepam, contact MD to re-evaluate sedation therapy Maximum recommended dose 10 mg/hr Indication(s): Sedation</p>
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() MIDAZolam (VERSED) 30 mg/30 mL infusion

intravenous, continuous

LESS than desired sedation effect: administer bolus and increase rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal

DESIRED sedation effect: Continue the same rate. Reassess RASS/BIS within 4 hrs

GREATER than desired sedation effect: Decrease rate by 0.5 mg/hr then reassess RASS/BIS within 30 mins until at goal

If patient requires GREATER than 5mg/hr midazolam, contact MD to re-evaluate sedation therapy

Maximum recommended dose 10 mg/hr

Indication(s): Sedation

VTE

Labs

Cardiology

Imaging

Other Studies

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Consults

For Physician Consult orders use sidebar

Additional Orders