

APPENDIX A: PAIN, ANXIETY (SEDATION) & DELIRIUM GUIDELINES

		Intubated Hemodynamically Unstable or severe ARDS	Intubated Hemodynamically Stable, adequate gas exchange	Not Intubated Stable
		Goals: Minimize pain, patient safety RASS -3 to -4, no sedation holiday, consider paralysis	Goals: Minimize pain, patient safety RASS -1 to -2, daily sedation holiday or continuously interactive patient	Goals: Minimize pain, patient safety RASS 0, continuously interactive patient
Background	Pain	Option 1: Ketamine drip Option 2: Intermittent Narcotic (*Option 1 for TBI) Option 3: Fentanyl or drip or equivalent if tolerated	Option 1: fentanyl drip or equivalent Option 2: Ketamine Drip Option 3: Intermittent Narcotic (*Option 1 for TBI)	Option 1: Scheduled Enteral or Parenteral Narcotic Option 2: Intermittent as needed enteral or parenteral narcotic
	Sedation	Option 1: Ketamine drip Option 2: Intermittent Benzodiazepine Option 3: Propofol drip if tolerated (*Option 1 for TBI)	Option 1: Propofol Drip Option 2: Demedetomidine Drip Option 3: Intermittent Benzodiazepines	NA
	Adjuncts	Consider first: Axial or regional anesthetic by catheter or injection Consider also: – scheduled acetaminophen or paracetamol – gabapentin and/or TCA for amputees		
Breakthrough	Pain	Option 1: Intermittent/bolus ketamine Option 2: Intermittent/bolus narcotic	Option 1: Intermittent/bolus narcotic Option 2: Intermittent/bolus ketamine	Option 1: PCA Option 2: Intermittent as needed enteral or parenteral narcotic
	Sedation	Option 1: Intermittent/bolus ketamine Option 2: Intermittent/bolus benzodiazepine	Option 1: Intermittent/bolus benzodiazepine Option 2: Intermittent/bolus ketamine	Option 1: As needed enteral or parenteral benzodiazepine
	Adjuncts	Consider: – Dim, calm environment, reassurance, music, presence of friends/family – Give bolus and/or adjust dose of axial or regional anesthetic		
Procedural	Pain	Option 1: Intermittent/bolus ketamine Option 2: Intermittent/bolus narcotic	Option 1: Intermittent/bolus ketamine Option 2: Intermittent/bolus narcotic	Option 1: Planned pre-procedural enteral or parenteral narcotic Option 2: Pre-procedural ketamine Option 3: Demedetomidine
	Sedation	Option 1: Intermittent/bolus ketamine Option 2: Intermittent/bolus benzodiazepine	Option 1: Increase dose of background propofol +/- propofol bolus Option 2: Intermittent/bolus benzodiazepine Option 3: Intermittent/bolus ketamine	Option 1: Pre-procedural ketamine +/- benzodiazepine Option 2: Planned pre-procedural enteral or parenteral benzodiazepine Option 3: Demedetomidine
Delirium	Prevention & Management	– Maintain day night cycles – Consider afternoon naps – Consider ear plugs at night – Consider less sedation and avoid benzodiazepines – Prioritize early mobility and patient interaction		
	Treatment	Consider dexmedetomidine for sedation and/or at night for sleep Consider quetiapine		