

Continuous Infusion Stop intermittent dosing if continuous infusion initiated and notify Pharmacy.

- ☐ lorazepam (aka ATIVAN) IV infusion _____ mg/hr (1-5 mg/hr), Intravenous, CONTINUOUS Stop intermittent dosing if continuous infusion initiated and notify Pharmacy. Titrate sedation to RASS score of -1 to 0
- ☐ lorazepam (aka ATIVAN) IV bolus _____ mg (1-2 mg), Intravenous, EVERY 20 MINUTES AS NEEDED for breakthrough agitation/anxiety. Titrate sedation to RASS score of -1 to 0
- ☐ midazolam (aka VERSED) IV infusion (avoid in renal/liver dysfunction) _____ mg/hr (1-6 mg/hr), Intravenous, CONTINUOUS. Stop intermittent dosing if continuous infusion initiated and notify Pharmacy. Titrate sedation to RASS score of -1 to 0

DEXMEDETOMIDINE: Continuous Infusion

- ☐ dexmedetomidine IV _____ mcg/kg/hr (0.3-0.7 mcg/kg/hr), Intravenous, CONTINUOUS for 24 hours
 1. Is rapid extubation expected (24-48 hrs)? Yes ☐ No ☐
 2. Ordered by IC fellow or ICU staff? _____
 3. Please select the indication (must meet one of the following):
 - ☐ Awake intubation ☐ BIPAP use requiring sedation
 - ☐ Bridge to extubation ☐ Desired light to moderate sedation
 - Titrate in increments of 0.1 mcg/kg/hr Q 10 minutes to achieve a sedation score of 2-3 and pain score < 4/10.
 - Do not exceed maximum dose of 0.7 mcg/kg/hr.
 - Keep heart rate greater than _____ beats per minute and systolic blood pressure greater than _____ mmHg and mean arterial pressure greater than _____ mmHg.
 - Discontinue for heart rate < 45 beats per minute or if patient develops 2nd or 3rd degree Atrioventricular block.
 - For persistent hypotension unresponsive to fluid challenge, decrease the rate by 50%.
 - Discontinue if systolic blood pressure and mean arterial pressure do not return to parameters specified above in 10 minutes. Call physician for further instructions.

DELIRIUM: See CAM scale

Initiating Therapy

- ☐ haloperidol (aka HALDOL) IV x 1 _____ mg (2-10 mg), Intravenous, ONCE For 1 Dose Administer over 1 minute. See CAM scale.
- ☐ haloperidol (aka HALDOL) IV PRN _____ mg (2-5 mg), Intravenous, EVERY 15 MINUTES AS NEEDED for agitation. Recommend not to exceed 20 mg over one hour. Slow administration over 5-10 minutes preferred to minimize hypotension. See CAM scale.

Maintenance Dosing QTc monitoring required for patients receiving more than 10 mg haloperidol per day

- ☐ haloperidol (aka HALDOL) IV _____ mg (2-5 mg), Intravenous, EVERY 1 HOUR AS NEEDED for delirium. Not to exceed dose 80 mg IV in 24 hours. Slow administration over 5-10 minutes preferred to minimize hypotension. See CAM scale.
- ☐ quetiapine (aka SEROQUEL) PO tablet (Day 1) 25 mg, Oral, TWICE DAILY. See CAM scale.
- ☐ quetiapine (aka SEROQUEL) PFT tablet (Day 1) 25 mg, Feeding tube, TWICE DAILY. See CAM scale.
- ☐ quetiapine (aka SEROQUEL) PO tablet (Day 2) 50 mg, Oral TWO TIMES DAILY. If patient responds to initial dose and PO/PFT available. See CAM Scale.
- ☐ quetiapine (aka SEROQUEL) PFT tablet (Day 2) 50 mg Feeding tube, TWO TIMES DAILY. If patient responds to initial dose and PO/PFT available. See CAM scale.
- ☐ clonidine (aka CATAPRES) tablet PRN 0.1-0.2 mg, Oral EVERY 1 HOUR AS NEEDED for hypertension due to agitation.
 - May repeat x 3 doses as needed, until SBP ≤ 140 mmHg (160 mmHg if over 65 years of age).
 - If blood pressure goal is not achieved with clonidine 0.1 mg, give clonidine 0.2 mg every 1 hour as needed to achieve SBP ≤ 140 mmHg (160 mmHg if over 65 years of age).
 - Once BP goal is met, move to maintenance and/or PRN dose.
 - Hold clonidine if systolic blood pressure falls more than 30 mmHg of diastolic blood pressure falls more than 20 mmHg and notify physician.
- ☐ clonidine (aka CATAPRES) tablet scheduled 0.1-0.2 mg, Oral, EVERY 8 HOURS Administer until SBP < 140 mmHg then change to maintenance/PRN dose. Hold clonidine if systolic blood pressure falls more than 30 mmHg or diastolic blood pressure falls more than 20 mmHg and notify physician.