

SEDATION VENTILATOR SS – CC

Sedation Ventilator Short Set-Critical Care

RIKER SEDATION-AGITATION SCALE

1. Unarousable – Minimal or no response to noxious stimuli and does not communicate or follow commands.
2. Very sedated – Arouses to physical stimuli but does not communicate or follow commands, may move spontaneously.
3. Sedated – Difficult to arouse; awakens to verbal stimuli or gentle shaking but drifts off again; follows simple commands.
4. Calm and cooperative – Calm; awakens easily, follows commands.
5. Agitated – Anxious or mildly agitated, attempting to sit up, and calms down with verbal instructions.
6. Very Agitated – Does not calm, despite frequent verbal reminders of limits; requires physical restraints, biting ET tube.
7. Dangerous Agitation – Pulling at ET tube, trying to remove catheters, climbing over bed rail, striking at staff, thrashing side to side.

NURSING

If goal scale not indicated, level of sedation goal will default to 3.

- Indicate Riker Sedation-Agitation Scale GOAL here = _____ (1 – 7)
- Sedation Clinical Instructions: 📖 [Evidence](#)
 - Assess level of sedation by using the Riker Sedation-Agitation Scale Q 15 mins when titrating medications.
 - Notify MD if infusion rate at maximum dose and sedation goal or ability to ventilate patient is not achieved.
 - When sedation goal is achieved, assess level of sedation using the Riker Sedation-Agitation Scale Q 2 Hrs.
 - Discontinue sedation medication when patient off ventilator. RN to notify Pharmacy when patient is off ventilator so appropriate medications are discontinued from eMAR.
 - Sedation vacation/titration to be completed daily prior to dayshift rounds unless otherwise specified. This should be done regardless of plans to extubate the patient.
 - Daily ventilator weaning per ventilator orders unless otherwise specified.
- Do not institute sedation vacation orders.

RESPIRATORY

REMINDER: Extubation readiness should be assessed daily 📖 [Evidence](#)

- Do not institute ventilator weaning.

MEDICATIONS [Evidence](#)

Analgesic medications

****For patients > or = 65 years old, use 25 mCg order**

- FentaNYL 25 mCg IV Push Q 1 Hr Prn Riker score > or = 4 if not controlled after 4 doses of benzodiazepine while pt is intubated. RN to contact pharmacy to DC this order when pt is extubated.

****For patients < 65 years old, use 50 mCg order**

- FentaNYL 50 mCg IV Push Q 1 Hr Prn Riker score > or = 4 if not controlled after 4 doses of benzodiazepine while pt is intubated. RN to contact pharmacy to DC this order when pt is extubated.

FOR SHORT-TERM SEDATION < 48 Hrs

***Midazolam (Versed) - Intermittent dose**

****For patients > or = 65 years old, use 1 mg order**

SEDATION ORDERS - CRITICAL CARE_V25_10.24.12 OK FOR PRINTING

ZYNX-ICU ADM

MEDITECH NAME: SEDATION SS- CRITICAL CARE

MEDITECH MNEMONIC: CC.SEDA

NANCY CHRISTIANSEN/GHIASSI

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- Midazolam (Versed) 1 mg IV Push Q 15 mins Prn Riker score > or = 4 while pt is intubated. RN to contact pharmacy to DC this order when pt is extubated.

****For patients < 65 years old, use 2 mg order**

- Midazolam (Versed) 2 mg IV Push Q 15 mins Prn Riker score > or = 4 while pt is intubated. RN to contact pharmacy to DC this order when pt is extubated.

***Midazolam (Versed) - Continuous dosage (Patient must be on ventilator)**

- Midazolam (Versed) continuous IV infusion, start at 1 mg/Hr and titrate by 1 mg/Hr Q 10 mins up to a max of 10 mg/Hr to maintain desired level of sedation. Notify MD if the dose reaches 10 mg/Hr and sedation goal is not met. For sedation vacation/titration – wean down dose by 25% initially. May resume previous rate if needed for severe agitation, severe hemodynamic instability, and/or severe vent compromise. During sedation vacation/titration, if patient has a Riker score of 5 or higher or experiences ventilator asynchrony at any point, increase rate by 10% Q 15 mins until patient is at goal Riker score. During sedation vacation/titration, if the patient wakes up and has a Riker score of 4 or less, continue with sedation vacation/titration by weaning down dose by 25% Q 15 mins with the goal of discontinuing the drip. (Must renew orders daily) RN to contact pharmacy to DC this order when pt is extubated.

Propofol (Diprivan) - Continuous dosage: (Patient must be on ventilator)

- Propofol (Diprivan) continuous IV infusion, start at 10 mCg/Kg/min (**DO NOT BOLUS**) and titrate by 5 mCg/Kg/min Q 5 mins up to a max of 80 mCg/Kg/min to maintain desired level of sedation. Notify MD if the dose reaches 80 mCg/Kg/min and sedation goal is not met. For sedation vacation/titration – wean down dose by 25% initially. May resume previous rate if needed for severe agitation, severe hemodynamic instability, and/or severe vent compromise. During sedation vacation/titration, if patient has a Riker score of 5 or higher or experiences ventilator asynchrony at any point, increase rate by 10% Q 15 mins until patient is at goal Riker score. During sedation vacation/titration, if the patient wakes up and has a Riker score of 4 or less, continue with sedation vacation/titration by weaning down dose by 25% Q 15 mins with the goal of discontinuing the drip. (Must renew orders daily) RN to contact pharmacy to DC this order when pt is extubated.

FOR LONG-TERM SEDATION > 48 Hrs

***LORazepam (Ativan) - Intermittent dose**

- LORazepam (Ativan) 1 mg IV Push Q 1 Hr Prn Riker score > or = 4 while pt is intubated. RN to contact pharmacy to DC this order when pt is extubated.

***LORazepam (Ativan) - Continuous dosage (Patient must be on ventilator)**

REMINDER: The following order does not have a loading dose specified. If a loading dose is required, prescriber to specify the loading dose in the order below. Typical loading dose is 1 mg.

- LORazepam (Ativan) continuous IV infusion, Loading dose = 0 mg then start at 0.5 mg/Hr and titrate by 1 mg/Hr Q 1 Hr up to a max of 8 mg/Hr to maintain desired level of sedation. Notify MD if the dose reaches 8 mg/Hr and sedation goal is not met. If a loading dose is required, prescriber will note loading dose on protocol table. For sedation vacation/titration – wean down dose by 25% initially. May resume previous rate if needed for severe agitation, severe hemodynamic instability, and/or severe vent compromise. During sedation vacation/titration, if patient has a Riker score of 5 or higher or experiences ventilator asynchrony at any point, increase rate by 10% Q 2 Hrs until patient is at goal Riker score. During sedation vacation/titration, if the patient wakes up and has a Riker score of 4 or less, continue with sedation vacation/titration by weaning down dose by 25% Q 2 Hrs with the goal of discontinuing the drip. (Must renew orders daily) RN to contact pharmacy to DC this order when pt is extubated.

Other medications: _____

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***All labs/diagnostics will be drawn/done routine now unless otherwise specified**

LABORATORY - Chemistry

REMINDER: For patients who have been receiving a Propofol infusion for 2 days, monitor Triglyceride concentrations at baseline and Q 3 days while on Propofol [Evidence](#)

- Triglyceride
- Triglyceride - In 3 days
- Triglyceride - In 6 days