ICU Sedation for Intubated Patients [30400516]

If appropriate for this patient condition, please consider the following order sets:
- Precedex Administration (ICU Only) Physician Order #921

### Height
_____________________

### Weight
_____________________

### Allergies
_____________________

### General

#### Vital Signs

- **[X]** Document pain per protocol every 4 hours and as needed Routine, Until discontinued, Starting today

### Notify Provider

- **[X]** Notify physician CAM-ICU positive Routine, Until discontinued, Starting today
  - Pulse greater than:
  - Respiratory rate less than:
  - Respiratory rate greater than:
  - Temperature greater than (celsius):
  - Urine output less than (mL/hr):
  - Systolic BP greater than:
  - Systolic BP less than:
  - Diastolic BP greater than:
  - Diastolic BP less than:
  - Other:
    - Notify physician to initiate treatment, unless previously ordered

- **[X]** Notify physician of high Propofol dose Routine, Until discontinued, Starting today
  - Pulse greater than:
  - Respiratory rate less than:
  - Respiratory rate greater than:
  - Temperature greater than (celsius):
  - Urine output less than (mL/hr):
  - Systolic BP greater than:
  - Systolic BP less than:
  - Diastolic BP greater than:
  - Diastolic BP less than:
  - Other:
    - If patient requires more than 50 mcg/kg/min.

### Nursing Assessments

- **[X]** Nurse to enter Triglyceride level of day 5 of Propofol use Routine, Once, Starting today For 1 Occurrences, Check triglyceride level after (5) days on propofol.

- **[X]** RASS score Routine, Now then every 4 hours, Starting today, Document RASS score every 4 hours and as needed. Target level of sedation:
  - Day shift - RASS score - 0 (alert/calm)
  - Night shift - RASS score - 2 (opens eyes to voice)
Medications

Analgesics (Single Response)
Fentanyl (SUBLIMAZE) is preferred opiate for ICU patients

( ) Fentanyl Intermittent Scheduled Panel (Single Response)
(Preferred opiate for ICU patients)
CHOOSE ONE OR CHOOSE FENTANYL INFUSION PANEL II BELOW

( ) fentaNLYL (SUBLIMAZE) 12.5 mcg IV every 2 hours
12.5 mcg, IntraVEhous, Every 2 hours, Routine

( ) fentaNLYL (SUBLIMAZE) 25 mcg IV every 2 hours
25 mcg, IntraVEhous, Every 2 hours, Routine

( ) fentaNLYL (SUBLIMAZE) 50 mcg IV every 2 hours
50 mcg, IntraVEhous, Every 2 hours, Routine

( ) Fentanyl Infusion Panel II
CHOOSE ONE FENTANYL ABOVE OR CHOOSE FENTANYL INFUSION PANEL II BELOW

[ ] fentaNLYL (SUBLIMAZE) bolus
IntraVEhous, Once, For 1 Doses
Usual bolus dose 25-50mcg.
Dose: __________________________ Required
Routine

[ ] fentaNLYL (SUBLIMAZE) 1000 mcg in NS 100 mL infusion - PYXIS
Routine, IntraVEhous, 25-50 mcg/hr, Titrated
Usual dose 25-50 mcg/hour. Titrate drip every 30 minutes by
12.5-25 mcg/hour to maximum dose of 150 mcg/hr

[ ] fentaNLYL (SUBLIMAZE) breakthrough pain
12.5-50 mcg, IntraVEhous, Every 1 hour PRN, other,
breakthrough pain, Routine

( ) Morphine Intermittent Scheduled Panel (Single Response)
Do not use morphine if serum creatinine greater than 2 mg/dL and/or documentation of renal failure or dialysis; Increased risk of metabolite accumulation and over-sedation.

CHOOSE ONE OR CHOOSE MORPHINE INFUSION PANEL BELOW

( ) morphine sulfate 2mg IV every 2 hours
2 mg, IntraVEhous, Every 2 hours, Routine

( ) morphine 4 mg/mL injection every 2 hours
4 mg, IntraVEhous, Every 2 hours, Routine

( ) morphine 6 mg/mL injection every 2 hours
6 mg, IntraVEhous, Every 2 hours, Routine

( ) Morphine Infusion Panel II
CHOOSE ONE MORPHINE ABOVE OR CHOOSE MORPHINE INFUSION PANEL II

[ ] morphine bolus
IntraVEhous, As needed, severe pain
Usual dose is 2-4mg
Dose: __________________________ Required
Routine

[ ] morphine infusion 1 mg/mL
IntraVEhous
Continuous
Dose: __________________________ Required
Begin Infusion at _______________________ Required
mg/hour (usual dose 1-2 mg/hour). Titrate drip every 30 minutes
by 1 mg/hour to a maximum dose of ________ Required
mg/hour
Routine

[ ] morphine-breakthrough pain
IntraVEhous, Every 1 hour PRN, pain
Morphine sulfate IV every hour PRN breakthrough pain
Dose: __________________________ Required
PRN Comment: ______________________ Required
Routine

Provider Initial:__________________________

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ICU Sedation for Intubated Patients
[30400516]
### Antipsychotic

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haloperidol (HALDOL) Bolus</td>
<td>1-10mg IV once PRN delirium</td>
<td>IntraVenous, Once, For 1 Doses</td>
<td>Loading dose. Monitor and document QT interval every shift. Observe for prolonged QT interval. Routine</td>
</tr>
<tr>
<td>Ziprasidone (Geodon)</td>
<td>20mg per feeding tube every 4 hours</td>
<td>20 mg, Oral, Every 4 hours PRN, Delirium</td>
<td>Per feeding tube. Maximum dose of 120 mg/day. Routine</td>
</tr>
<tr>
<td>Ziprasidone (Geodon)</td>
<td>20mg IM every 4 hours PRN</td>
<td>20 mg, IntraMuscular, Every 4 hours PRN, agitation, delirium</td>
<td>Maximum dose of 40 mg/day. Routine</td>
</tr>
<tr>
<td>Haloperidol (HALDOL) Maintenance</td>
<td>1-5mg IV every hour PRN delirium</td>
<td>IntraVenous, Every 1 hour PRN, other, delirium</td>
<td>Monitor and document QT interval every shift. Observe for prolonged QT intervals. Routine</td>
</tr>
<tr>
<td>Ziprasidone (Geodon)</td>
<td>20mg per feeding tube every 4 hours</td>
<td>20 mg, Oral, Every 4 hours PRN, Delirium</td>
<td>Per feeding tube. Maximum dose of 120 mg/day. Routine</td>
</tr>
<tr>
<td>Ziprasidone (Geodon)</td>
<td>20mg IM every 4 hours PRN</td>
<td>20 mg, IntraMuscular, Every 4 hours PRN, agitation, delirium</td>
<td>Maximum dose of 40 mg/day. Routine</td>
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### Anesthetic

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<tr>
<td>Dexmedetomidine (PRECEDEX)</td>
<td>100 mL infusion</td>
<td>Routine, IntraVenous, 0.2 mcg/kg/hr, Titrated</td>
<td>Titrate drip every 5 minutes by 0.2mcg/kg/hour to target RASS score. Maximum dose 1.5 mcg/kg/hour. Monitor blood pressure and heart rate during titration. If unstable, stop titration until stabilized, then resume per order.</td>
</tr>
<tr>
<td>Propofol (Diprivan) Infusion</td>
<td>5mcg/kg/minute</td>
<td>5 mcg/kg/min, IntraVenous, Titrated</td>
<td>Titrate drip every 5 minutes by 5-10mcg/kg/minute to target RASS score. Maximum dose 50 mcg/kg/minute. If patient requires more than 50 mcg/kg/minute then notify physician. Check triglycerides level after five days on Propofol. Routine</td>
</tr>
<tr>
<td>Triglycerides</td>
<td></td>
<td></td>
<td>Once, Starting 6/8/14</td>
</tr>
</tbody>
</table>

### Benzodiazapine

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</tr>
</thead>
<tbody>
<tr>
<td>Midazolam (Versed)</td>
<td>1-5 mg IV every hour PRN</td>
<td>IntraVenous, Every 1 hour PRN, agitation, Routine</td>
<td>Dose: _______________ Required</td>
</tr>
<tr>
<td>Midazolam (VERSED) infusion</td>
<td></td>
<td>1-3 mg/hr, IntraVenous, Titrated</td>
<td>Usual dose 1-3 mg/hour. Titrate drip every 30 minutes by 1 mg/hr to target RASS score. Maximum dose 50 mcg/kg/minute Routine</td>
</tr>
<tr>
<td>Lorazepam (Ativan)</td>
<td>1-6 mg IV every hour PRN agitation</td>
<td>1-6 mg, IntraVenous, Every 1 hour PRN, anxiety, PRN agitation, Routine</td>
<td>Routine, IntraVenous, 0.5 mg/hr, Titrated</td>
</tr>
<tr>
<td>Lorazepam (ATIVAN) infusion</td>
<td></td>
<td></td>
<td>Routine, IntraVenous, 0.5 mg/hr, Titrated</td>
</tr>
</tbody>
</table>

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**Date:**_______ **Time:**_______ **Printed Name of Ordering Provider:**________________________

**Provider Signature:**________________________

**Date:**_______ **Time:**_______ **RN Acknowledged:**_________________________________________________