



London Health Sciences Centre

Critical Care / Intensive Care

CONTINUOUS PROPOFOL INFUSION IN CRITICALLY ILL ADULT PATIENTS PREPRINTED ORDER

KEY: R - REQUISITIONED P - PROCESSED (KARDEX)

THIS SECTION MUST BE COMPLETED AND SIGNED BEFORE MEDICATIONS ARE DISPENSED.					
<input type="checkbox"/> NO KNOWN ALLERGIES					
ALLERGY (drug, food, tape, dyes, latex, other)			REACTION		
1.					
2.					
3.					
NON-MEDICATION ORDERS		R	P	MEDICATION ORDERS	
<p>Reason for Exam / Clinical History and Contact # required for all Radiology / Nuclear Medicine orders.</p> <p><input type="checkbox"/> Perform pain assessment and document at the start of each shift, q 4h (between 0700 and 2200) and p.r.n. with each intermittent bolus or change in sedation (see reverse).</p> <p><input type="checkbox"/> Assess and document VAMASS at the start of each shift, q 4h (between 0700 and 2200) and p.r.n. (see VAMASS reverse).</p> <ul style="list-style-type: none"> • If patient is anxious or agitated, consider non-medication or environmental strategies to assist with management. • If patient becomes more confused and / or disoriented with the use of analgesia, assess for delirium. <p><input type="checkbox"/> Review daily with physician the need to continue with short acting versus long acting sedation.</p> <p><input type="checkbox"/> Obtain triglyceride level with next morning bloodwork and repeat q Monday for duration of propofol infusion.</p> <p><input type="checkbox"/> Consult with dietitian if receiving concurrent enteral or parenteral feeding.</p> <p><input type="checkbox"/> If triglyceride level > 5 mmol/L notify physician.</p> <p><input type="checkbox"/> Record the date and time of initial puncture on propofol bottle. Discard all bottles 12 hours after puncture.</p> <p><input type="checkbox"/> Change propofol I.V. tubing q 12h.</p> <p><input type="checkbox"/> If target VAMASS is not achieved at maximum propofol dose, consider adding a narcotic infusion or changing sedative agents.</p>				<p>Rapid awakening for neurological assessment is required:</p> <p>Patient weight: _____ kg (required)</p> <p>VAMASS Target: _____ (required)</p> <p><input type="checkbox"/> Administer propofol 10 - 20 mg I.V. q 2 minutes until target VAMASS is achieved.</p> <p><input type="checkbox"/> Initiate propofol infusion at _____ mg/kg/hr (recommend 1mg/kg/hr) and titrate infusion to maintain target VAMASS.</p> <p><u>Maximum dose 5 mg/kg/hr.</u></p>	
<p>PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:</p>				<p>DATE (YYYY/MM/DD):</p>	
<p>PROCESSOR INITIALS:</p>		<p>DATE (YYYY/MM/DD):</p>		<p>TIME:</p>	
<p>TIME:</p>		<p>RN INITIALS:</p>		<p>DATE (YYYY/MM/DD):</p>	
<p>TIME:</p>		<p>TIME:</p>		<p>TIME:</p>	

CRITICAL CARE PAIN ASSESSMENT

A: Patient Unable to Communicate	B: Patient Able to Communicate
<input type="checkbox"/> Autonomic Response: <ul style="list-style-type: none"> • HR, RR, BP responses • Diaphoresis <input type="checkbox"/> Non-Verbal: <ul style="list-style-type: none"> • Grimacing • Frowning • Facial expressions <input type="checkbox"/> Physical Findings: <ul style="list-style-type: none"> • Rigidity • Guarding • Resisting 	Responses to the following areas of assessment: <input type="checkbox"/> PQRST Pain: <ul style="list-style-type: none"> • Location of pain • Aggravating and/or alleviating factors Quality: <ul style="list-style-type: none"> • Description of pain (e.g., dull, sharp, throbbing, burning, pins and needles) Radiation or Referral <ul style="list-style-type: none"> • Area of radiation • Associated symptoms (nausea, vomiting, shortness of breath) Severity: <ul style="list-style-type: none"> • Patient's rating of pain on a scale of 0 - 10 (verbally or demonstrated using a visual analog) Timing: <ul style="list-style-type: none"> • Duration • Intermittent/constant • At rest or activity

VENTILATOR ADJUSTED MOTOR ASSESSMENT SCORING SCALE (VAMASS)

VAMASS	Description	V-Score	Ventilation Status
0	Unresponsive to pain.	A	Minimal coughing; few alarms; tolerates movement.
1	Opens eyes and / or moves to pain only.	B	Coughing, frequent alarms when stimulated; settles with voice or removal of stimulus.
2	Opens eyes and / or moves to voice.	C	Distressed, frequent coughing or alarms; high RR with normal / low PaCO ₂ .
3	Calm and cooperative.	D	Unable to control ventilation; difficulty delivering volumes; prolonged coughing.
4	Restless but cooperative; follows commands.		
5	Agitated; attempts to get out of bed; may stop behaviour when requested but reverts back.		
6	Dangerously agitated; pulling at tubes or lines, thrashing about; doesn't obey commands.		