



London Health Sciences Centre

Critical Care / Intensive Care

SEDATION 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 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. • Notify physician if unable to maintain target VAMASS at maximum dose. • During daily morning rounds, reassess target VAMASS and appropriateness for sedation weaning. <p>DAILY SEDATION WEANING (if deemed appropriate during rounds):</p> <p><input type="checkbox"/> Attempt daily reduction of sedation providing that:</p> <ul style="list-style-type: none"> • VAMASS score is \leq target • patient is not receiving neuromuscular blocking agent • patient is hemodynamically stable • patient is stable on the ventilator • sedation is not being used to treat delirium <p>See reverse side of form for Weaning Protocol.</p>				<p>VAMASS Target: _____ (required)</p> <p><input type="checkbox"/> Duration of sedation anticipated to be:</p> <ul style="list-style-type: none"> • < 48 hours; and • rapid awakening for neurological assessment not required <p>P.R.N. dose / Loading dose</p> <p>Midazolam _____mg I.V. q 10 minutes p.r.n. to maintain target VAMASS (recommended dose 2 - 4 mg).</p> <p><input type="checkbox"/> If continuous sedation is required:</p> <p>Midazolam infusion 100 mg/50 mL 0.9% sodium chloride at _____mg/h (recommended dose 2 - 10 mg/hr). Titrate infusion to maintain target VAMASS. Maximum dose _____mg/hr.</p> <p><input type="checkbox"/> Duration of sedation anticipated to be:</p> <ul style="list-style-type: none"> • > 48 hours; and • rapid awakening for neurological assessment not required <p>P.R.N. dose / Loading dose:</p> <p>Lorazepam _____mg I.V. q 10 minutes p.r.n. until target VAMASS is achieved (recommended dose 1 - 2 mg).</p> <p><input type="checkbox"/> If continuous sedation is required add:</p> <p>Maintenance Dose:</p> <p>Once initial VAMASS goal is achieved:</p> <p>Lorazepam _____mg I.V. q 4h to maintain target VAMASS (recommended dose 1 - 2 mg).</p> <p>Caution: Maximum total I.V. dose should not exceed 240 mg per 24 hours.</p> <p><input type="checkbox"/> Rapid awakening required for neurological assessment: Use preprinted order for propofol.</p> <p><input type="checkbox"/> Dangerous agitation (use only if imminent danger to self or others):</p> <p>Midazolam _____mg I.V. q 5 min p.r.n. to a maximum of 3 doses (recommended dose 5 mg). Notify physician if sedation goal is not achieved.</p>	
PRESCRIBER'S PRINTED NAME / SIGNATURE / CONTACT #:				DATE (YYYY/MM/DD):	TIME:
PROCESSOR INITIALS:	DATE (YYYY/MM/DD):	TIME:	RN INITIALS:	DATE (YYYY/MM/DD):	TIME:

CRITICAL CARE PAIN ASSESSMENT

A: Patient Unable to Communicate	B: Patient Able to Communicate
<ul style="list-style-type: none"> <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 	<p>Responses to the following areas of assessment:</p> <p><input type="checkbox"/> PQRST</p> <p>Pain:</p> <ul style="list-style-type: none"> • Location of pain • Aggravating and/or alleviating factors <p>Quality:</p> <ul style="list-style-type: none"> • Description of pain (e.g., dull, sharp, throbbing, burning, pins and needles) <p>Radiation or Referral</p> <ul style="list-style-type: none"> • Area of radiation • Associated symptoms (nausea, vomiting, shortness of breath) <p>Severity:</p> <ul style="list-style-type: none"> • Patient's rating of pain on a scale of 1-10 (verbally or demonstrated using a visual analog) <p>Timing:</p> <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.		

WEANING PROTOCOL

CONTINUOUS MIDAZOLAM INFUSION	REGULAR LORAZEPAM DOSING
<ul style="list-style-type: none"> • if midazolam infusion \leq 4 mg/hr, reduce infusion by 50% and reassess for further weaning in 6 hours • if midazolam infusion $>$ 4 mg/hr, reduce infusion by 25% and reassess for further weaning in 6 hrs • discontinue infusion if dose $<$ 1 mg/hr • if VAMASS $>$ target or patient becomes agitated during weaning, administer midazolam bolus and return to previous infusion rate 	<ul style="list-style-type: none"> • if lorazepam dose is \leq 2 mg q4h, reduce dose by 50% and reassess for further weaning in 12 hours • if lorazepam dose $>$ 2 mg q 4h, reduce dose by 25% and reassess for further weaning in 12 hours • discontinue regular lorazepam if dose \leq 0.5 mg q 4 hours • if VAMASS $>$ target or patient becomes agitated during weaning, administer lorazepam bolus and return to previous dose