Step 1: Pain Control and Establish Sedation Target

- Pain Control
  - Fentanyl boluses: 25-100 mcg IV Q15 min PRN
  - Hydromorphone boluses: 0.5 - 2 mg IV Q30 min PRN

- Sedation Target
  - MAAS 2-4 (default)
  - MAAS 1-2
**For VAMAAS of 0 or 1 use a deep sedation strategy**

Pain controlled and sedation target achieved within 2 hours?

No

Add Analgesic Infusion

- Fentanyl: 25-250 mcg/hr IV
- Hydromorphone: 0.5 - 5 mg/hr IV

Step 2: Target Check

(reminder: Analgesics are often adequate in isolation to relieve pain and reach sedation target)

Pain control adequate and at MAAS target?

Yes

Step 3: Sedation

(Analgesics maximized and MAAS target not met)

Sedation

- Propofol: 1-5 mg/kg/hr IV
  * Do NOT exceed 5mg/kg/hr

- Midazolam: 1-4 mg boluses Q5 min PRN
  * Consider for propofol intolerance or alcohol withdrawal
  * Infusion rarely recommended or required

**Perform Target Check (Step 2) Routinely**
**Consider adjunctive sedating medications**
**If patient too light on max analgesic and sedation -> notify physician**

No

Q shift and PRN:
1. Screen using SWAP tool; initiate sedation weaning as indicated
2. Screen using SBT screening tool; initiate SBT as indicated

Deep

*MAAS below target
1. Maximize ordered analgesics
2. Consider increasing analgesic dose
3. Consider non-narcotic analgesics

Light

*MAAS above target
1. Maximize ordered analgesics
2. Consider increasing analgesic dose
3. Consider non-narcotic analgesics

Reduce Dosage(s) until target MAAS
*see weaning protocol
**wean sedatives first

MAAS remains above target