

# LHSC Adult Critical Care Analgesia and Sedation Strategy

## 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

Yes

### 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

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

### Light

\*MAAS above target

Reduce Dosage(s) until target MAAS

\*see weaning protocol  
\*wean sedatives first

1. Maximize ordered analgesics
2. Consider increasing analgesic dose
3. Consider non-narcotic analgesics

MAAS remains above target

## Step 3: Sedation

(Analgesics maximized and MAAS target not met)

### Sedation

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