Is patient comfortable and at goal?

- Yes: Reassess goal daily. Titrate to maintain goal. Perform daily awakening trial.

- No: Rule out reversible causes.

**Interruption:**

- Fentanyl: 50-100 mcg IVP q10 min to goal, then q2h pm
- Morphine: 2-5 mg IVP q10 min to goal, then q2h pm

**Continuous Infusion:** (if IVP more often than q2h)

- Fentanyl: 50-100 mcg IVP q10 min to goal, then start gtt @ 50-100 mcg/hr
- Morphine: 2-5 mg IVP q10 min to goal, then start gtt @ 2-5 mg/hr

**For Patients on Neuromuscular Blockers:**

- Never hold sedatives or analgesics until NMB stopped and paralysis resolved.

**Daily Awakening Trial:**

- Stop sedation at 7:00 am.
- Allow to awaken to at least RASS -2.
- Alert MD for assessment.
- If necessary, restart at 50% prior dose.

**For Intermittent Dosing:**

- If undersedated, rebolus and/or increase dose by 50% or shorten interval between doses.
- If oversedated, hold until at goal then decrease dose by 50% or lengthen interval between doses.

**For Continuous Infusions:**

- If undersedated: rebolus and/or increase gtt rate by 50%.
- If oversedated: hold gtt until at goal then restart at 50% prior rate or consider intermittent dosing.

**Compromised ICP/CPP?**

- Yes: Convert to benzos unless ICP/CPP compromised.
- >3 days Propofol?

- Yes: Propofol: 25-50 mg IVP then start gtt @ 5 mcg/kg/min

- No: Intermittent Dosing (preferred)
  - Lorazepam: 1-2 mg IVP bolus q10 min to goal, then q2h pm
  - Propofol: 25-50 mg IVP then start gtt @ 5 mcg/kg/min

**Is patient in pain?** (NRS/BPI)

- Yes: Set goal for analgesia.

**Is patient anxious?** (RASS)

- Yes: Set goal for sedation.
- No: Compromised ICP/CPP?

- Yes: Intermittent Dosing (preferred)
  - Lorazepam: 1-2 mg IVP bolus q10 min to goal, then q2h pm
  - Propofol: 25-50 mg IVP then start gtt @ 1-2 mg/hr

- No: Continuous Infusion (if IVP more often than q2h)
  - Lorazepam: 1-2 mg IVP q10 min to goal, then start gtt @ 1-2 mg/hr
  - Propofol: 25-50 mg IVP then start gtt @ 5 mcg/kg/min

**Is patient delirious?** (CAM-ICU)

- Yes: Set goal for delirium control.

**Propofol:**

- 25-50 mg IVP then start gtt @ 5 mcg/kg/min

**Haloperidol or Droperidol:**

- 5-10 mg IVP q12h

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NRS = Numerical Rating Scale  
BPI = Behavioral & Physiological Indicators  
RASS = Richmond Agitation & Sedation Scale  
CPP = Cerebral Perfusion Pressure  
CAM-ICU = Confusion Assessment Method for the ICU.
  
ICP = Intracranial Pressure