



Hourly Assessment

A Current Sedation Level (CSL) should be documented hourly. When $CSL > DSL$, sedation/analgesia should be increased per **Increase Sedation/Analgesia Guidelines**. When $CSL \leq DSL$, sedation/analgesia should be continued at current infusion rates.

Increase Sedation/Analgesia Guidelines

When $CSL > DSL$, the following steps should be followed, in order until $CSL < DSL$:

1. Fentanyl 2 mcg/kg (max 100 mcg) bolus.
2. Repeat Fentanyl bolus and initiate Fentanyl gtt at 2 mcg/kg/hr (max 100 mcg/hr), or increase infusion by 1 mcg/kg/hr (max 50 mcg/hr) if already on gtt (to max 5 mcg/kg/hr, absolute max of 250 mcg/hr).
3. Lorazepam/midazolam 0.1 mg/kg (max 5 mg) bolus and reassess in 10 minutes.
4. Repeat lorazepam/midazolam 0.1 mg/kg (max 5 mg) bolus and increase infusion by 0.05 mg/kg/hr (max 2.5 mg/hr) to a maximum of 0.3 mg/kg/hr (absolute max 15 mg/hr)

Daily withholding of Sedation/Analgesia/Paralysis

Unless medically contraindicated, the continuous infusions of sedatives, analgesics will be held once daily. Restart all infusions once $CSL > DSL$ at one-half the prior infusion rate.

Contraindications include: infusions started < 24 hours, immediately perioperative or peri-procedure, critical airway, unstable respiratory or hemodynamic status, elevated intracranial pressure, or on neuromuscular blockade infusion.