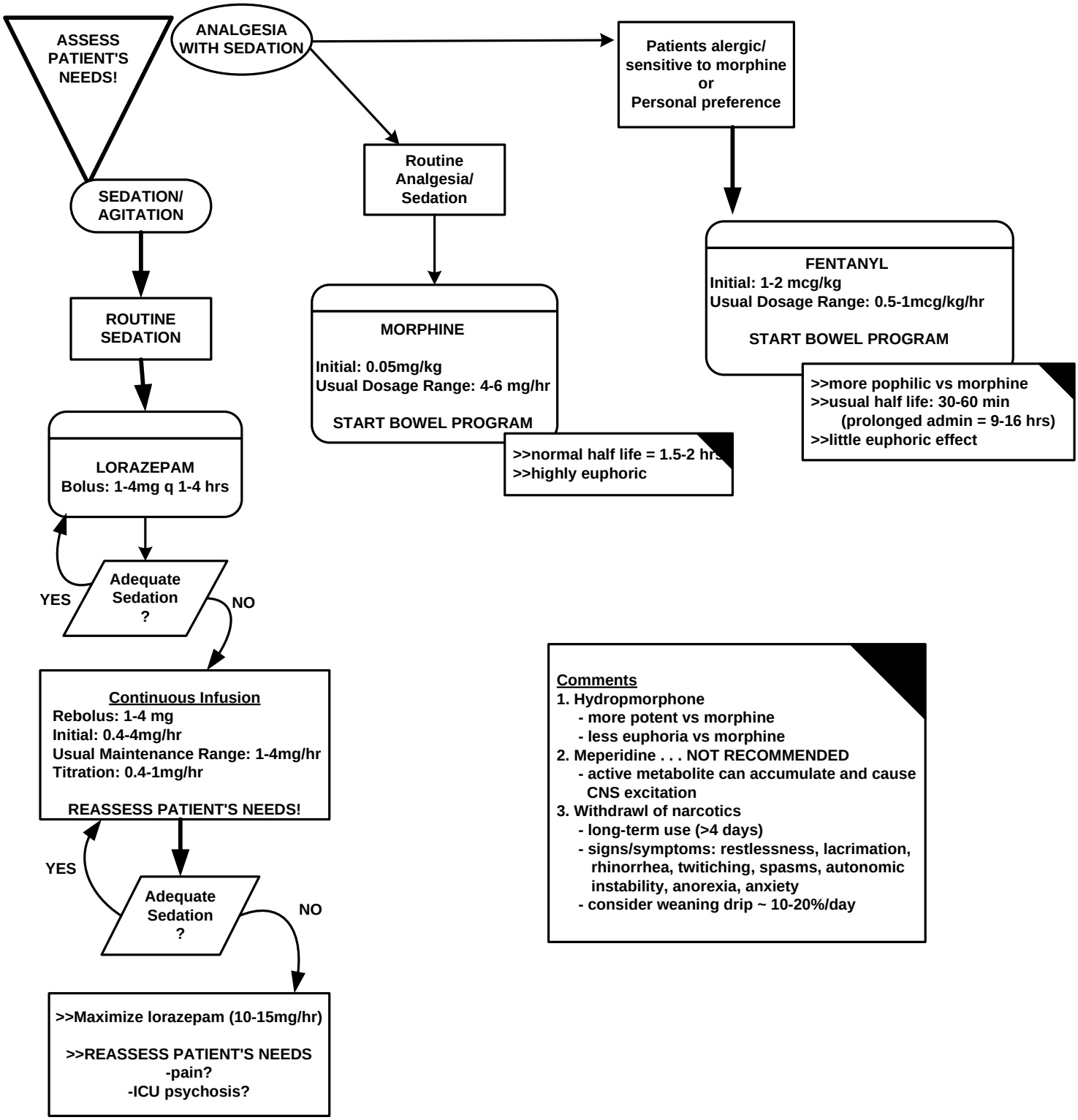
ASSESS PATIENT'S NEEDS!
ANALGESIA WITH SEDATION
Patients alergic/ sensitive to morphine or Personal preference
Routine Analgesia/ Sedation
SEDATION/ AGITATION
ROUTINE SEDATION
FENTANYL
Initial: 1-2 mcg/kg
Usual Dosage Range: 0.5-1mcg/kg/hr
START BOWEL PROGRAM
>>more pophilic vs morphine
>>usual half life: 30-60 min
(prolonged admin = 9-16 hrs)
>>little euphoric effect
MORPHINE
Initial: 0.05mg/kg
Usual Dosage Range: 4-6 mg/hr
START BOWEL PROGRAM
>>normal half life = 1.5-2 hrs
>>highly euphoric
LORAZEPAM
Bolus: 1-4mg q 1-4 hrs
Adequate Sedation ?
YES
NO
Continuous Infusion
Rebolus: 1-4 mg
Initial: 0.4-4mg/hr
Usual Maintenance Range: 1-4mg/hr
Titration: 0.4-1mg/hr
REASSESS PATIENT'S NEEDS!
Adequate Sedation ?
YES
NO
>>Maximize lorazepam (10-15mg/hr)
>>REASSESS PATIENT'S NEEDS
-pain?
-ICU psychosis?
Comments
1. Hydropmorphone
- more potent vs morphine
- less euphoria vs morphine
2. Meperidine . . . NOT RECOMMENDED
- active metabolite can accumulate and cause CNS excitation
3. Withdrawl of narcotics
- long-term use (>4 days)
- signs/symptoms: restlessness, lacrimation, rhinorrhea, twitiching, spasms, autonomic instability, anorexia, anxiety
- consider weaning drip ~ 10-20%/day