

DATE	TIME	PHYSICIAN'S ORDER (Excluding IV Fluids and MEDICATIONS)
		<input type="checkbox"/> TARGET SEDATION SCORE: _____
		(RASS based on Sedation Assessment)
		OVERSEDATION occurs when patient exceeds target sedation scale
		<input type="checkbox"/> Notify physician if patient is hemodynamically unstable or if target sedation is not achieved at maximum dose

RASS SCORING		
SCALE	LABEL	DESCRIPTION
+4	COMBATIVE	Combative, violent, immediate danger to staff
+3	VERY AGITATED	Pulls to remove tubes or catheters; aggressive
+2	AGITATED	Frequent non-purposeful movements, fights ventilator
+1	RESTLESS	Anxious, apprehensive, movements not aggressive
0	ALERT & CALM	Spontaneously pays attention to caregivers
-1	DROWSY	Not fully alert, but has sustained awakening to voice (eye opening & contact >10 sec)
-2	LIGHT SEDATION	Briefly awakens to voice (eyes open & contact <10 sec)
-3	MODERATE SEDATION	Movement or eye opening to voice (no eye contact)
-4	DEEP SEDATION	No response to voice, but movement or eye opening to physical stimulation
-5	UNAROUSABLE	No response to voice or physical stimulation

IF RASS SCORE IS -4 OR -5 STOP INFUSION, and recheck patient later

- ✓ Summary/Blanket Orders are not acceptable
- ✓ Medication orders must be complete
- ✓ PRN medication orders must include an indication
- ✓ Write legibly
- ✓ Rewrite orders upon transfer and/or post-operatively
- ✓ Date, Time, and sign verbal & telephone orders within 48 hrs.

ALLERGIES

DATE TIME INTRAVENOUS FLUID and MEDICATION ORDERS

DATE	TIME	INTRAVENOUS FLUID and MEDICATION ORDERS
		IV BOLUS FOR BREAKTHROUGH AGITATION/ANXIETY
		<input type="checkbox"/> Midazolam 1mg every 10 mins PRN mild agitation, RASS +1
		Midazolam 2 mg every 10 mins PRN mild agitation, RASS +2
		Midazolam 3mg IV every 10 mins PRN for mod/severe agitation, RASS+3
		Mildazolam 4mg IV every 10 mins PRN for mod/severe agitation, RASS+4
		*MAX DOSE for Midazolam is _____ mg for _____
		<input type="checkbox"/> Lorazepam 0.5mg IV every 20 mins PRN mild agitation, RASS +1/+2
		Lorazepam 1mg IV every 20 mins PRN mod/severe agitation, RASS+3/+4
		*MAX DOSE for Lorazepam is _____ mg for _____

SEDATION INFUSION ORDERS

		<input type="checkbox"/> PROPOFOL (DIPRIVAN) Infusion (Recommended for sedation <72 hrs Avoid in pt with CV instability)
		- Start Propofol IV infusion at 5mcg/kg/min
		- Bolus with Midazolam for breakthrough agitation, as ordered
		- Titrate Propofol 5mcg/kg/min every 10 mins until target sedation score achieved
		- MAX Infusion rate = 50mcg/kg/min
		Physician Initials: _____

- DO NOT USE ABBREVIATIONS
- U MS
 - IU MSO4
 - QD MgSO4
 - QOD Trailing Zero
 - Lack of Leading Zero

PATIENT ID LABEL

SEDATION PROTOCOL

		PHYSICIAN'S ORDER (Excluding IV Fluids and MEDICATIONS)
DATE	TIME	

IVF and MEDICATION ORDER ONLY

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		INTRAVENOUS FLUID and MEDICATION ORDERS
DATE	TIME	
		- Reduce infusion rate by 1/2 for SBP < _____ mmHg.
		- If Oversedation occurs, wean Propofol by 10mcg/kg/min every 10 mins until sedation score at goal
		<input type="checkbox"/> MIDAZOLAM (VERSED) INFUSION <i>(Recommended for sedation <72 hrs Not recommended in impaired renal function)</i>
		- Start Midazolam with 2mg IV bolus then 1 mg/hr.
		- Bolus with Midazolam for break-through agitation, as ordered
		- If the patient requires > 2 boluses in an hour, increase infusion rate by 1mg/hr every hour
		- MAX Infusion rate = 20mg/hr
		- If Oversedation occurs, HOLD infusion until sedation score at goal. Restart infusion at 1/2 the previous rate.
		<input type="checkbox"/> DEXMEDETOMIDINE (PRECEDEX) <i>(Recommended for short-term use. Avoid in pts with CV instability)</i>
		- Start Dexmedetomidine infusion at 0.2 mcg/kg/hr (DO NOT BOLUS)
		- Bolus with Midazolam for break-through agitation, as ordered
		- Titrate Dexmedetomidine by 0.1 mcg/kg/hr every 30 mins until target sedation score is achieved
		MAX Infusion rate = 1.5 mcg/kg/hr
		<input type="checkbox"/> KETAMINE (KETALAR)
		- Start at 1mg/kg IV BOLUS, then 1mg/kg/hr
		- Titrate by 0.5mg/kg/hr every 1 hr
		- MAX Infusion Rate = 3mg/kg/hr
		Physician Signature & Credentials
		Date/Time

SEDATION PROTOCOL

PATIENT ID LABEL