### Post-intubation Analgesia and Sedation

### Inclusion criteria: Intubated ADULTS in the ED

Optimize hemodynamics

Document patient weight and allergies

Ensure deep sedation and amnesia if neuromuscular blockade used

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### Provide analgesia

**Continuous Fentanyl infusion:** 

Initial bolus of 50-100 mcg IV

Follow by an infusion of 25-100 mcg/h IV if hemodynamics acceptable

Titrate to pain relief

Good choice in renal insufficiency

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#### **Provide sedation**

## Hemodynamically stable

Hemodynamically unstable

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Continuous Propofol infusion: Initial bolus 0.25-1 mg/kg IV followed by an infusion of 25-75 mcg/kg/min IV

- Maximum dose is 80 mcg/kg/min
- Reduce propofol infusion dosing by % if SBP <120 or MAP<90
- Preferred in hemodynamically stable, suspected TBI; allows for serial neurologic assessments
- Not for use in pediatric patients

Midazolam Continuous infusion: 1-6 mg

/hr IV

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- Active metabolites can accumulate in renal

failure

Midazolam Intermittent bolus of 2-5 mg IV q 60 min

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- Preferred in suspected TBI if hemodynamically unstable to ensure adequate cerebral perfusion pressure

### **Special sedative situations**

Continuous Lorazepam infusion: 0.5 -2.0 mg /hr IV: Consider in renal insufficiency

Continuous Dexmedetomidine infusion: 0.2-1.4 mcg/kg/hr: Consider as an adjunct in certain

withdrawal states; monitor for hypotension and bradycardia; no initial bolus

Continuous Ketamine infusion: 0.5-2.5 mg/kg/hr (or 10-50 mcg/kg/min): Consider in severely

refractory or decompensating asthmatics unresponsive to all conventional therapies

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Monitor vitals, continued reassessment

Consider use of an institutional ICU sedation scale for titration

If respiratory distress develops, anxiety is a diagnosis of exclusion

This guideline was ratified by the emergency department faculty at Maine Medical Center in August 2012. It reflects our expert opinion and is not necessarily applicable to all institutions. It is intended to be a reference for clinicians caring for patients and is not intended to replace providers' clinical judgment.

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# Post-intubation Analgesia and Sedation EM guideline August 2012

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