



Sedation in Critical Care

Aim: To provide guidance on nursing care for the management of sedation in Critical Care patients

Scope: All adult patients in Critical Care

ASSESS FOR AGITATION

- RASS 4hrly at a minimum
- Treat pain first

Sedation is not always routinely required in Critical Care patients.

RASS

- +4 = Combative
- +3 = Very agitated
- +2 = Agitated
- +1 = Restless
- 0 = Alert and calm
- -1 = Drowsy
- -2 = Light sedation
- -3 = Moderate sedation
- -4 = Deep sedation
- -5 = Unrouseable

STANDARD CARE

1	Control pain first
2	Optimise non-drug measures
3	Use the minimum sedation necessary
4	Constant titration of sedation to achieve RASS 0 to -1 where not contraindicated
5	Sedation hold daily – Spontaneous Breathing Trial

Daily Sedation Holds

- If RASS 0 to -1 may not need sedation hold as at target
- Stop sedative first, wean analgesia as needed
- DO NOT abruptly stop Clonidine
- Restart sedation at HALF the original dose and titrate

Sedation Hold Contraindications

- Receiving neuromuscular blocking agents
- Traumatic Brain Injury with raised ICP
- FiO2 >=0.6, PEEP >=10cmH2O, prone, inverse ratio ventilation
- Un-cleared spine
- Haemodynamically unstable
- No airway personnel available
- End of life care

Please see your units full guidelines for more information