STICU Non Weight Based Analgesia & Sedation Protocol for the Mechanically Intubated Patient

**DAILY SEDATION INTERRUPTION**

1. Hold both the sedative and analgesic infusions every morning to allow for an accurate neurological assessment.

2. Provider should immediately call the bedside to evaluate the patient once there is a change in clinical status including but not limited to agitation, fighting the ventilator, O2 desaturation, or awake and able to follow commands.

3. After the physician or the nurse has evaluated the patient, the infusion(s) THAT ARE NECESSARY for adequate patient sedation and or analgesia is (are) re-started.

4. A spontaneous breathing trial should be done in conjunction with the daily sedation holiday. Please refer to Spontaneous Breathing Trial Protocol for exceptions.

**CONTRAINDICATIONS TO SEDATION INTERRUPTION:**

- Undergoing active treatment for elevated ICP - Status Epilepticus - Receiving neuromuscular blocking agents
- Hypoxemia PEEP > 18 or FiO2 > 80% - ARDS
- Patients identified at increased risk of self-extubation should not be turned during the sedation interruption.

**CHECKLIST FOR DAILY SEDATION INTERRUPTION**

- Hold both sedative and analgesic infusions every morning to allow for an accurate neurological assessment.
- Provider should immediately call to the bedside to evaluate the patient once there has been a change in clinical status including but not limited to agitation, fighting the ventilator, O2 desaturation, or awake and able to follow commands.
- After the physician or the nurse has evaluated the patient, the infusion(s) THAT ARE NECESSARY for adequate patient sedation and or analgesia is (are) re-started
- A spontaneous breathing trial should be done in conjunction with the daily sedation holiday. Please refer to Spontaneous Breathing Trial Protocol for exceptions.
- Patients identified at increased risk of self-extubation should not be turned during the sedation interruption.

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