

CVICU Pain and Sedation Protocol



Pediatric Protocol - Intubated 30 days - 18 years	
Considerations	Notify provider when at maximum infusion rate Consider Toradol prior to opiates if clinically appropriate
Infusions	Fentanyl 0.5 mcg/kg/hr (Max dose: 1.5 mcg/kg/hr) <i>and</i> Dexmedetomidine 0.5 mcg/kg/hr (Max dose: 1.2 mcg/kg/hr) Midazolam 0.05 mg/kg/hr (Max dose: 0.2 mg/kg/hr) - if Dexmedetomidine contraindicated
Initial PRNs	Fentanyl 1 mcg/kg Midazolam 0.1 mg/kg Morphine 0.1 mg/kg Dilaudid 0.015 mg/kg
Incremental Infusion Change	Fentanyl 0.5 mcg/kg/hr Dexmedetomidine 0.2 mcg/kg/hr Midazolam 0.05 mg/kg/hr
Exclusions	Toradol: ≤ POD 1, < 6mo, on active anticoagulation, renal injury/failure, thrombocytopenia

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Anticipated intubation > 12hr
Begin Infusion

Anticipated intubation < 12hr
Use PRNs

Assess SBS, Pain Score every 2 hr and PRN

SBS > Goal
Consider non-pharmacologic interventions and consider Acetaminophen

SBS at Goal

SBS < Goal
Consider decrease in sedation infusion rate

Pain Score ≥ 4
Give Fentanyl PRN

Pain Score < 4
Initial/increase
Dexmedetomidine gtt

SBS < Goal
Contact Provider

Pain Score ≥ 4
Repeat additional PRN after
15 min x 2

SBS > Goal
Give Midazolam PRN

Pain Score ≥ 4
If ≥ 3 PRN doses in 4 hours,
consider initiating/increasing
Fentanyl gtt
Notify Provider after 3rd PRN

SBS > Goal
Repeat additional Midazolam
PRN after 15 min x 2

SBS > Goal
Consider delirium – Notify
Provider

CVICU Pain and Sedation Protocol References

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