



Planned Extubation >48 Hours
Target State Behavioral Scale (SBS) -1 to -2

Use Pain, Agitation, & Delirium Assessment Tools¹

| First Line Therapy |

Fentanyl IV²

50 mcg/hr

Bolus 50 mcg/dose Q 1hr prn

FLACC ≥ 4, SBS >0, or prior to procedure

Dexmedetomidine IV³

Start infusion at 0.5 mcg/kg/hr

Assess

**SBS
-1 to -2?**

Yes

Continue current therapy

No

Exclude reversible causes of agitation⁴

Reassess

**SBS
-1 to -2?**

Yes

Daily Interruption of Sedation (DIS)⁵

Perform daily at 0900 and reassess Q30 min until SBS greater than -1, then **resume drips at 50% of previous rate (discuss with MD/APP)**

No

Titrate Fentanyl²

Reassess

**SBS
-1 to -2?**

Yes

No

Titrate Dexmedetomidine³

Reassess

**SBS
-1 to -2?**

Yes

Continue current therapy

No

**FLACC
≥4?**

Yes

Maximize Fentanyl² and Dexmedetomidine³ drips and consider **alternative opioid**

Reassess

**SBS
-1 to -2?**

Yes

No

| Second Line Therapy |

Lorazepam IV

1 mg Q2 hr PRN

Reassess

**SBS
-1 to -2?**

Yes

Continue current therapy

No

| Third Line Therapy |

Lorazepam Drip⁶

If administering >3 non-procedural PRN doses/8 hrs
Lorazepam 0.5 mg/hr (Max 2 mg/hr)
Bolus 1 mg Q2H PRN (Max 4 mg)

Reassess

**SBS
-1 to -2?**

Yes

Continue current therapy

No

Evaluate for delirium
Consider use of an **alternative opioid**

Inclusion Criteria

All cases

¹Pain, Agitation, & Delirium Assessment Tools

- Pain/Agitation assessment Q1 hr minimum
- **SBS Q1 hr & 30 minutes after an intervention**
- **CAPD Q12 hr at 0400 & 1600**

²Fentanyl Titration

- If SBS is >-1 or patient has received >3 non-procedural PRN doses within 4 hrs, increase by 50 mcg/hr Q15 min until goal SBS (Max 250 mcg/hr)
- If SBS is -3 or patient has received <3 non-procedural PRN doses within 4 hrs, decrease by 50 mcg/hr Q15 min until goal SBS

³Dexmedetomidine Titration

- If SBS is >-1, increase by 0.2 mcg/kg/hr Q15 min until goal SBS (Max of 1.5 mcg/kg/hr)
- If SBS is -3, decrease by 0.2 mcg/kg/hr Q15 min until goal SBS

Contraindications:

- Severe bradycardia, hypotension, heart block

⁴Reversible Causes of Agitation

- Correct environmental and physical factors that could be causing discomfort and/or agitation ([see delirium preventative measures](#))

⁵Daily Interruption of Sedation (DIS)

Contraindications:

- Planned procedure
- Hemodynamically unstable (unrelated to sedation)
- Significant mechanical ventilation requirements (FiO₂ >60%, PEEP >10, HFOV, iNO)

⁶Lorazepam Titration

- If SBS >-1 or >3 non-procedural PRN doses are administered within 8 hrs, increase drip by 0.05 mg/kg/hr
- If SBS -3 or patient has received <3 non-procedural PRN doses in 8 hrs, decrease drip by 0.05 mg/kg/hr