**Planned Extubation >48 Hours**

**Target State Behavioral Scale (SBS) -1 to -2**

**Use Pain, Agitation, & Delirium Assessment Tools**

<table>
<thead>
<tr>
<th>First Line Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fentanyl IV</strong></td>
</tr>
<tr>
<td>50 mcg/hr</td>
</tr>
<tr>
<td>Bolus 50 mcg/dose Q 1 hr prn</td>
</tr>
<tr>
<td>FLACC ≥ 4, SBS &gt; 0, or prior to procedure</td>
</tr>
</tbody>
</table>

**Assess**

- **SBS -1 to -2?**
  - Yes → **Continue current therapy**
  - No → **Exclude reversible causes of agitation**

**Titrated Fentanyl**

- **SBS -1 to -2?**
  - Yes → **Continue current therapy**
  - No → **Titrated Dexmedetomidine**

**Titrated Dexmedetomidine**

- **SBS -1 to -2?**
  - Yes → **Continue current therapy**
  - No → **FLACC ≥ 4?**
    - Yes → **Maximize Fentanyl and Dexmedetomidine drips and consider alternative opioid**
    - No → **SBS -1 to -2?**
      - Yes → **Continue current therapy**
      - No → **Reassess**

**Daily Interruption of Sedation (DIS)**

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)

<table>
<thead>
<tr>
<th>Second Line Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lorazepam IV</strong></td>
</tr>
<tr>
<td>1 mg Q2 hr PRN</td>
</tr>
</tbody>
</table>

**Assess**

- **SBS -1 to -2?**
  - Yes → **Continue current therapy**
  - No → **Reassess**

<table>
<thead>
<tr>
<th>Third Line Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lorazepam Drip</strong></td>
</tr>
<tr>
<td>If administering &gt;3 non-procedural PRN doses/8 hrs</td>
</tr>
<tr>
<td>Lorazepam 0.5 mg/hr (Max 2 mg/hr)</td>
</tr>
<tr>
<td>Bolus 1 mg Q2H PRN (Max 4 mg)</td>
</tr>
</tbody>
</table>

**Evaluate for delirium**

- **SBS -1 to -2?**
  - Yes → **Continue current therapy**
  - No → **Reassess**

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**Inclusion Criteria**

- All cases

**Pain, Agitation, & Delirium Assessment Tools**

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

**Fentanyl 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

**Dexmedetomidine Titration**

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

**Reversible Causes of Agitation**

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

**Daily Interruption of Sedation (DIS)**

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

**Lorazepam 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

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*Developed through the efforts of Children's Healthcare of Atlanta and physicians on Children's medical staff in the interest of advancing pediatric healthcare. This is a general guideline and does not represent a professional standard governing providers' obligation to patients. Ultimately the patient's physician must determine the most appropriate care. © 2018 Children’s Healthcare of Atlanta, Inc.*