Planned Extubation <48 Hours
Target SBS 0 to -1

Use Pain, Agitation, & Delirium Assessment Tools

DOL <30 days

**Dexmedetomidine IV** + **Acetaminophen NG/PR**
Start infusion at 0.5 mcg/kg/hr
10 mg/kg Q6 hr x 4 doses
Max 75 mg/kg/day

**Assess**

**FLACC ≥4?**

**Morphine IV**
0.05-0.1 mg/kg Q1 hr
PRN pain
Max 2mg

**Assess**

**FLACC ≥4?**

**Titrate Dexmedetomidine IV**
- If SBS is +1 or +2, increase by 0.2 mcg/kg/hr Q15 min (Max 1.5 mcg/kg/hr) until SBS reaches goal (0 to -1)
- If SBS is -2 or -3, decrease by 0.2 mcg/kg/hr Q15 min until SBS reaches goal (0 to -1)

**SBS 0 to -1?**

Yes → Continue current therapy

**No**

Reassess

**Reversible Causes of Agitation**
Consider use of an alternative opioid

DOL >30 days

**Ketorolac IV**
0.5 mg/kg Q6 hr x 8 doses
Max 30 mg/dose

**Assess**

**SBS 0 to -1?**

Yes → Continue current therapy

**No**

Reassess

Inclusion Criteria

DOL <30 days:
- Coarctation repair, Shunt Off

DOL >30 days:
- Glenn
- Fontan
- TOF
- AVC
- ASD/VSD
- PAPVR
- MVR
- AVR
- Other Valve Repair

**Pain, Agitation, & Delirium Assessment Tools**
- FLACC (Pain/Agitation assessment) Q1 hr
- SBS Q1 hr & 30 minutes after an intervention
- CAPD Q12 hr at 0400 & 1600

**Dexmedetomidine**
Contraindications:
- Severe bradycardia
- Hypotension
- Heart block

**Ketorolac**
Contraindications:
- Platelets <100K
- Post-operative bleeding
- SCr increased 2x baseline or >1.5 mg/dL
- Increase in SCr ≥ 0.3 mg/dL from baseline
- UOP <0.5 mL/kg/hr x6 hrs

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

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