



Planned Extubation <48 Hours Target SBS 0 to -1

Use Pain, Agitation, & Delirium Assessment Tools¹

All patients >50 kg

Dexmedetomidine IV²

Start infusion at 0.5 mcg/kg/hr

Acetaminophen NG

650 mg Q6 hr x 4 doses
Max 4000 mg/day

Ketorolac IV³

30 mg Q6 hr x 8 doses

Assess

**FLACC
≥4?**

Assess

**SBS
0 to -1?**

Continue current therapy

Morphine IV

2-4 mg Q1 hr
PRN pain

**FLACC
≥4?**

Assess

**SBS
0 to -1?**

Continue current therapy

Exclude reversible causes of agitation⁴

Reassess

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)

Reassess

**FLACC
≥4?**

No

**SBS
0 to -1?**

Continue current therapy

Morphine IV

2-4 mg Q1 hr
PRN pain

Reassess

**SBS
0 to -1?**

Continue current therapy

Consider use of an
[alternative opioid](#)

Reassess reversible causes of agitation⁴

Reassess

**SBS
0 to -1?**

Continue current therapy

Inclusion Criteria

All closed sternotomy cases

¹Pain, Agitation, & Delirium Assessment Tools

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

²Dexmedetomidine

Contraindications:

- Severe bradycardia
- Hypotension
- Heart block

³Ketorolac

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 x 6 hrs

⁴Reversible Causes of Agitation

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