

STICU Sedation/Delirium Guidelines

Non-pharmacologic management of agitation (try prior to pharmacologic treatment):

- **Treat underlying causes of agitation** (pain, hypoxia, hypotension, hypoglycemia, withdrawal)
- Ensure appropriate vent settings (ventilator dyssynchrony can almost always be fixed by adjusting the ventilator rather than needing sedation)
- Comfort measures/family presence
- Minimize unnecessary sources of discomfort such as bite blocks and restraints
- Clear spine as soon as possible
- Promote mobility
- Improve communication

Intermittent medications for agitation:

- Ensure pain is controlled
- QTc should be <500 to administer any antipsychotics. Check EKG weekly while on antipsychotics
- Initiate Haldol PRN and risperidone 1mg BID. Increase risperidone by 1 mg/dose daily until desired effect. Max dose is 16 mg/day. Consider quetiapine if inadequate response to Risperdal
- Add clonidine 0.3 mg TID to risperidone for severe agitation. May increase to 0.4 mg TID. To wean clonidine, decrease the dose to 0.3 mg TID then decrease to BID and daily. Do not decrease below 0.3 mg/dose

Continuous sedation:

- **Avoid continuous infusions unless absolutely necessary**
 - Indications for continuous sedation:
 - Intracranial hypertension
 - Hypoxia requiring advanced vent support
 - Neuromuscular blocking agents
 - Prone positioning
 - Severe agitation unresponsive to or unable to tolerate intermittent medications
 - **Mechanical ventilation is not an indication for continuous sedation**
- Treat pain before adding continuous sedation
- Propofol is preferred over midazolam for continuous sedation except in patients with hypotension or alcohol withdrawals
- Dexmedetomidine is a good option for light sedation in patients with SBP >100 and HR >60
- **Continuously reevaluate the need for sedation and transition to an intermittent regimen as soon as possible**

Delirium:

- See delirium prevention guidelines
- Avoid medications known to cause delirium such as benzodiazepines, propofol, diphenhydramine, metoclopramide, promethazine...
- Add trazodone 50 mg HS to improve sleep when needed
- Manage agitation as above

Alcohol withdrawal:

- Symptoms-based approach to treatment
- Administer lorazepam 1-2 mg IV q15 minutes until symptoms resolve
- Avoid scheduling benzodiazepines or chlordiazepoxide taper
- **Avoid antipsychotics and other medications that lower seizure threshold**