Select RASS goal
- 0 Alert and Calm
- -1 Drowsy
- -2 Light Sedation
- -3 Moderate Sedation
- -4 Deep Sedation
- -5 Unarousable

1. Analgesia
   - Fentanyl Intermittent 50-100mcg IVP STAT and q15min to goal then 50-100mcg q2h prn
   - Hydromorphone Intermittent 0.1-0.3mg IVP STAT and q15min to goal then 0.1-0.5 mg q2h prn
   - Morphine Intermittent 2-5mg IVP STAT and q15min to goal then 2-5mg q2h prn

   If requiring >3 boluses per hour of either fentanyl, morphine or hydromorphone
   - Fentanyl infusion 50-200mcg/hr STAT
   - Morphine Infusion 1-4 mg / hr (avoid in patients with renal failure and hemodynamic instability STAT
   - None

2. Sedation (Use if RASS not at goal with analgesia-based regimen)
   - Propofol 10-25mg bolus STAT, then 5-30mcg/kg/min
   - Dexmedetomidine 0.2-1.5 mcg/kg/hr IV x 23 hrs (if delirious/weaning) STAT

   For propofol intolerance**
   - Midazolam Intermittent 1-3mg IVP STAT and q2hrs prn
   - Midazolam infusion 0.5-3.0mg/hr STAT

   Propofol intolerance refers to propofol infusion syndrome, hemodynamic instability precluding propofol use, elevated creatinine phosphokinase (CPK) > 5000 IU/L, triglycerides > 500 mg/dl, or propofol use > 96 hours.

3. Delirium (CAM-ICU+)
   - CAM-ICU positive AND RASS +3 or +4
     - Propofol intermittent 15-50 mg IV STAT and q10min prn severe agitation/combativeness
     - Haloperidol 1-10 mg IV/IM STAT and q15min prn agitation

   CAM-ICU positive AND RASS +1 or +2
   - Haloperidol 1-10 mg IV/IM STAT and q15min prn agitation +
   - Haloperidol 1-10 mg IV/IM STAT and q6hrs (scheduled)
   - Olanzapine 5 mg PO/PT/SL STAT and q6hr
   - Dexmedetomidine (from above) + d/c haloperidol

4. Screen patients and perform spontaneous awakening trials (SAT) in eligible patients
   - Yes
   - Check with house officer prior to performing SAT