

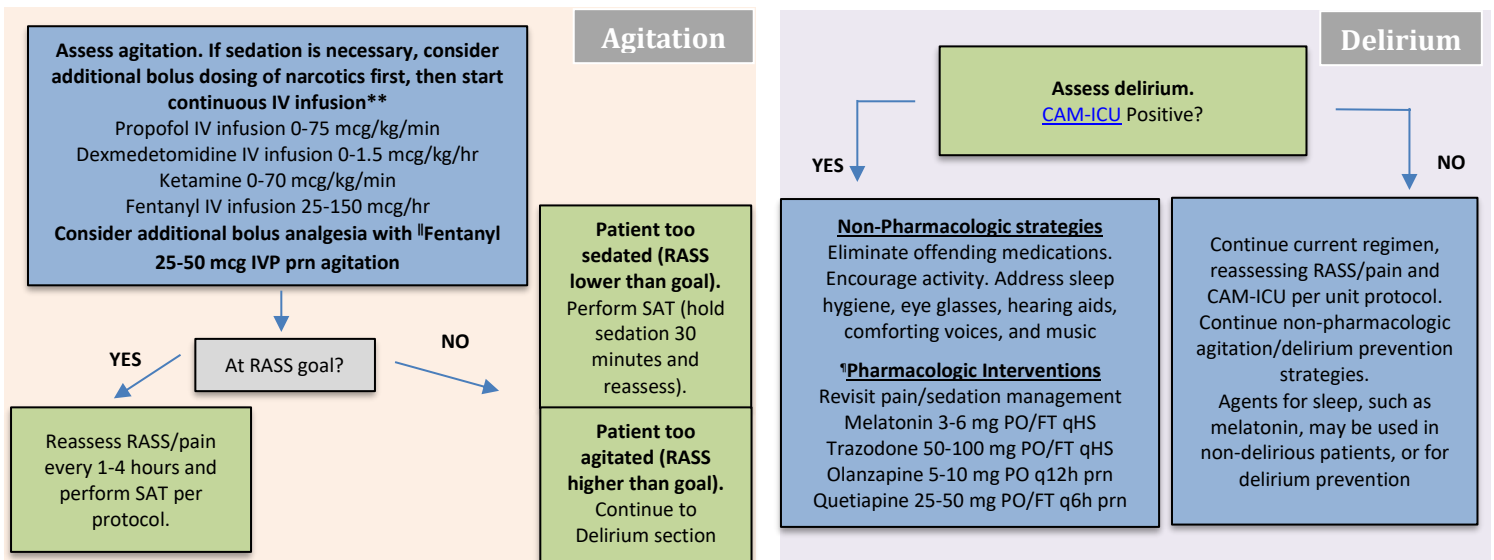
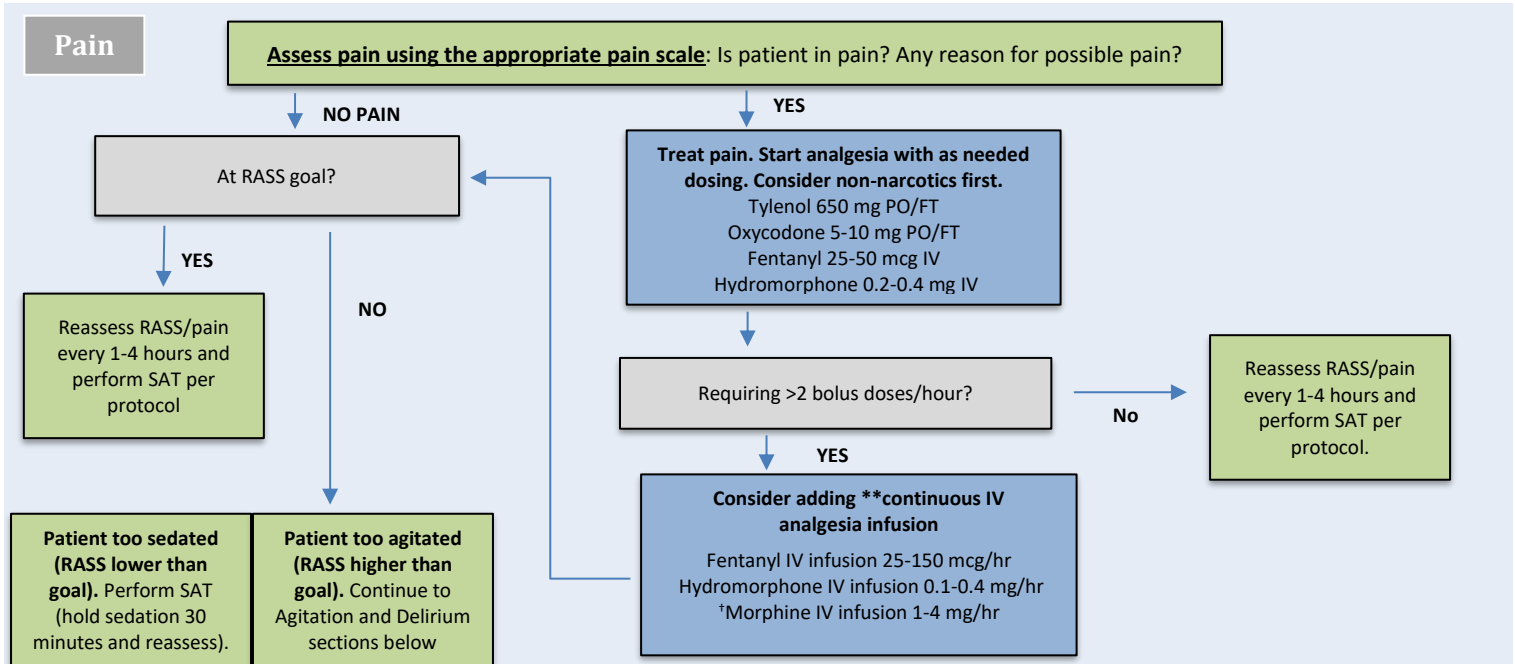
## Pain, Agitation, and Delirium Guideline for Mechanically Ventilated Patients

**Purpose:** To provide standardized, evidence-based analgo-sedation for the prevention and management of pain, agitation, and delirium in critically ill adults within the ICU.

**Not all mechanically ventilated patients need sedatives—analgesia alone may be adequate to reach RASS target.**

Spontaneous awakening (SAT) and breathing trials (SBT) should be done according to protocol three times daily in most patients receiving continuous sedation (see [SAT/SBT protocols](#)). Try to eliminate medications with increased risk of delirium, and address sleep hygiene, eye glasses, hearing aids, comforting voices, music needs at least once per shift.

**Set goal RASS** (RASS Range: -5 to 5, usual goal is 0)



\*Starting dosage ranges listed. Choose appropriate interval. Opioid tolerant patients may require higher doses.

\*\*Start analgesics and sedatives at lowest, clinically appropriate dose and titrate by 50% to achieve target pain and/or sedation goals, respectively.

‡ If increased sedation needed, consider bolus dose fentanyl before increasing continuous IV infusion.

† Morphine should be avoided in patients with renal dysfunction. Morphine causes hypotension to a greater extent than fentanyl and hydromorphone.

‡ Consider 12-lead ECG prior to initiating antipsychotics in high risk patients. Of note, no antipsychotic medication has shown consistent efficacy in reducing or treating delirium.