

Assessment for pain and analgesia requirement

Intermittent need

Acetaminophen 1 gram x 4 p.o. or oxycodone/morphine i.v. prn or fentanyl i.v. prn (in kidney failure)

Continuous need

Remifentanyl infusion < 6 microgram/kg/h if anticipated < 1-2 days

Fentanyl infusion < 0,200 microgram/h if anticipated > 1-2 days

Increase remifentanyl to max 45 microgram/kg/h  
If Analgo-sedation > 3-5 days – change to fentanyl

Increase dose of fentanyl infusion

Assessment for agitation, restlessness, and sedation requirement

Try propofol bolus or propofol infusion < 3 mg/kg/h

Increase propofol infusion to > 3 mg/kg/h

Increase propofol infusion to 3-5 mg/kg/h  
Try supplementing with midazolam bolus

Propofol infusion > 5 mg/kg/h  
Risk of developing propofol infusion syndrome

Supplement with midazolam bolus or midazolam infusion

Phenobarbital (fenemal) or pentobarbital (mebumal)  
If intracranial hypertension, chose thiopental (thio-coma), confer with neurosurgeon and anesthetist

- Also consider:
- Elevate head of bed
  - Daily sedation interruption
  - SBT and extubation
  - DVT prevention