Pain and Sedation Algorithm
- PHASE I
Updated 4/10/2020
*consult with clinical pharmacist

Renal dysfunction (CrCl < 60 mL/min)?

- NO
  - Hydromorphone infusion (max dose 3mg/hr) + Oxycodone 5mg q6hr OG/NG (max 40mg/day)
  - Morphin infusion (max dose 10mg/hr) + Oxycodone 5mg q6hr OG/NG (max 40mg/day)
  - if on shortage
    - Ketamine infusion (max dose 4mg/kg/hr)
    - if on shortage
      - Schedule PO/NG acetaminophen (max dose 1g q6h)
      - *Lidocaine infusion (max dose 200mg/hr) <48 hr use only
    - *Fentanyl patch (max dose 100mcg/hr)
  - if on shortage or fail above
    - *Consider Alternative Sedatives (see alternative algorithm and table for more information)

- YES
  - Fentanyl infusion (max dose 250mcg/hr) + Oxycodone 5mg q6hr OG/NG (max 40mg/day)
    - (Goal CPOT < 3 and RASS [according to clinical condition])
  - If sedation is needed despite pain control.
    - Goal RASS (according to clinical condition)
  - Hypotensive on vasopressors?
    - YES
      - Ketamine infusion (max dose 4mg/kg/hr)
      - if on shortage
        - Light Sedation (RASS +1 to -1) the goal?
          - YES
            - Dexmedetomidine infusion (max dose 1.5mcg/kg/hr)
            - if on shortage or fail above
              - Lorazepam infusion (max dose 8mg/hr)
              - Midazolam infusion (max dose 20mg/hr)
          - NO
            - Propofol infusion (max dose 75mcg/kg/min)
    - NO
      - Light Sedation (RASS +1 to -1) the goal?
        - YES
          - Dexmedetomidine infusion (max dose 1.5mcg/kg/hr)
          - if on shortage or fail above
            - Lorazepam infusion (max dose 8mg/hr)
            - Midazolam infusion (max dose 20mg/hr)
        - NO
          - Propofol infusion (max dose 75mcg/kg/min)

*Consider Alternative Sedatives
(see alternative algorithm and table for more information)