Pain, Agitation & Delirium (PAD) Decision Tool

Reducing the use **O**f **S**edation & **A**nalgesic infusions (**ROSA**)

*If RASS goal -2 or higher, assess eligibility for **Spontaneous Awakening Trial**

Set daily RASS Goal

Assess Pain, Agitation & Delirium

PAIN

Monitor 0-10 Pain Scale or CPOT

Reassess Q4H & PRN

Pain Controlled → Consider de-escalation of pain medication

Pain Uncontrolled →

Escalate pain control in a stepwise manner

1. Consider potential causes, optimize environment, use nonpharmcologic treatment
2. Consider non-opioid analgesia
3. Consider opioid bolus dose PRN
4. Consider opioid scheduled dose and PRN
5. Consider opioid continuous infusion and PRN

AGITATION

Monitor RASS and/or Ventilator synchrony

Reassess Q4H & PRN

RASS < Goal →

Oversedation	
Propofol	Decrease infusion by 5-10 mcg/kg/min every 10 min until patient reaches RASS goal
Dexmedetomidine	Decrease infusion by 0.1 mcg/kg/hr every 30-60 min until patient reaches RASS goal
Benzodiazepine	Hold infusion until patient reaches RASS goal, then resume at half previous rate
Opioid	Hold infusion until patient reaches RASS goal, then resume at half previous rate & reassess pain
Ketamine	Hold infusion until patient reaches RASS goal, and consult with MRHP

RASS > Goal →

Undersedation

Consider potential causes
Optimize environment
Use nonpharmacologic treatment

First line:
Propofol 10-50 mcg/kg/min
Dexmedetomidine 0.2-1.5 mcg/kg/hr

Second Line:
Midazolam 1-5mg/hr and PRN

DELIRIUM

Monitor ICDSC

Reassess Q12H & PRN
If delirium, Reassess Q6H & PRN

ICDSC < 4 →

Delirium Prevention	
Orientation	• Provide visual and hearing aids • Encourage communication and reorient patient respectively • Have familiar objects to the patient available • Attempt consistency with RN staff • Allow television during the day with daily news/music
Environment	• Lights off at night, on during day • Provide sleeps aids if needed • Control excessive noise • **Avoid benzodiazepine use when possible**
Ambulate	• Mobilize early and often

ICDSC > 3 →

Delirium Management

Assess for underlying causes

Optimize orientation, environment, and ambulation as described under delirium prevention

Nonpharmacologic intervention is first line. Medications may be used as short-term adjunctive treatment if distressiong symptoms (e.g. agitation, combative behavior). Ensure adequate pain control. Reassesses need daily, consider discontinuation and/or taper.

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Adapted From: Sedation and Analgesic Management in the Intensive Care Unit (ICU), Adult, Version 2.0, October 2022

Decision Tool Updated: May 2023