Post-PAI Sedation

Per the NWA Regional Protocols

Pea Ridge Fire Department
EMS refresher

Disclaimer

- The purpose of this presentation is to provide general information and education about the care of a critically ill patient, post PAI. It is in no way a substitute for the independent decision-making and judgement by a qualified health care provider.

Cause of Discomfort in the Intubated Patient

- Anxiety
- Painful Stimuli
- Feeling “trapped” as a side effect of paralytic use
- Obnoxious Stimuli
- Hypercarbia

Goal of Post-PAI Sedation

- #1 Patient Safety
  - Prevents patient from doing self-harm such as self-extubtion, removing lines, etc.
  - Allowing providers to perform necessary procedures and treatments like PPV and suctioning, secondary vascular access, etc

Goal of Post-PAI Sedation Cont'd

- #2 Patient Comfort
  - Provide Anxiolysis
  - Provide Amnesia
  - Provide Pain Management

Signs of Inadequate Sedation/Discomfort

- Tachycardia
- Hypertension
- Changes in vital signs with stimulation
- Lacrimation
- Hypercarbia
- Sedline PSI reading of 50-100

Post PAI Sedative Agents

- **Midazolam**
  - Class: Short-acting Benzodiazepine
  - Indications:
    - Premedication for tracheal intubation or cardioversion
    - Seizures
    - Sedation for PAI
    - Traumatic Injury
    - Agitated Delirium
  - Contraindications:
    - Hypersensitivity to Midazolam
    - Hypotension
    - Suspected Shock
    - Glaucoma
    - Depressed Vital Signs
    - Hypotension

Dose: 2.5mg IV Q2 up to a max dose of 20 mg until sedated.

Administration of Midazolam should be accompanied by administration of **Fentanyl**

- **Fentanyl**
  - Class: Narcotic Analgesic
  - Indications:
    - Pain/Analgesia
    - Used for maintenance of analgesia, as an adjunct to PAI
  - Contraindications:
    - Sever Hemorrhage
    - Shock
    - Known Hypersensitivity
  - Dose:
    - PAI: .5 to .1mcg/kg IV, IM, IN
      - May repeat to a max of 2mcg/kg 2-3 minutes

Post PAI Sedative Agents

- **Ketamine**
  - Class: Anesthetic Analgesic
  - Indications:
    - Pain
    - PAI
    - Agitatied Delirium
    - Post resuscitation when Versed is contraindicated
  - Contraindications:
    - Hypersensitive Patients
    - Patients with increased ICP
    - Glaucoma

  Dose: 1-2 mg/kg IV over 1-2 minutes.

Sings of Adequate Sedation

- Stable vital signs
- Improvement of vital signs
- No response to verbal stimuli
- No response to painful stimuli
- Absence of Curare Cleft in $EtCO_2$
- Muscle twitches apart from fasciculations
- If the patient is awakened, the patient quickly goes back to sleep

Please refer to the NWA Regional Protocols for Questions regarding PAI Post-sedation

Always assume your patient is not adequately sedated.

Thank You

Please move to the next section