Goal-Directed Comfort Algorithm (Page 1 of 2 – Day of Intubation)

1. Is the patient in pain (FLACC >4)?

   YES
   
   2. BOLUS
   Fentanyl 50 mcg/dose IV
   Q15 minutes until goal FLACC
   (max 8 doses)

   4. Is patient still in pain after 3 doses?
     
     YES
     
     5. INCREASE BOLUS
     Fentanyl 75 mcg/dose IV
     Q15 minutes until goal FLACC
     (max 8 doses for Box 2 + Box 5)
     
     NO
     
     3. Is RASS is more + than goal?
       
       YES
       
       7. INCREASE BOLUS
       Midazolam 3 mg/dose
       Q15 minutes until goal RASS
       (max 8 doses for Box 3 + Box 7)
       OR
       Start Dexmedetomidine 0.3 mcg/kg/hr
       
       NO
       
       6. Is RASS still greater than goal after 3 doses?
         
         8. Anticipated length of intubation?
           
           9. Less than 2 days
           Continue Intermittent Dosing
           And Dexmedetomidine
           
           10. PAIN/ANXIETY
           FLACC >4
           Fentanyl 50-75 mcg/dose IV q 1 hour PRN
           
           11. ANXIETY
           RASS > goal (default -1 to 0)
           Dexmedetomidine at 0.3 mcg/kg/hr
           
           12. If failure of intermittent doses, or decision to maintain longer duration of intubation move to BOX 13 and NOTIFY MD

           13. More than 2 days
           Start Continuous Infusions with Rescue doses
           
           14. PAIN/ANXIETY
           Fentanyl infusion @ 50 mcg/hr
           ANXIETY
           Dexmedetomidine infusion @ 0.3 mcg/kg/hr
           
           15. PRN RESCUE or PRE-PROCEDURAL BOLUS
           1 hour dose of infusion
           Fentanyl 50 mcg/dose IV q1 hr
Goal-Directed Comfort Algorithm (Page 2 of 2 – Continuous Infusion Titration)

16 Is the patient at their RASS and FLACC goals?

17 RASS is LESS than target, ie OVERSEDATED

18 HOLD infusion to achieve RASS/FLACC target.
(If on both dexmedetomidine and fentanyl, hold dexmedetomidine infusion first)

19 Restart at 50% of infusion dose once at target

20 RASS is MORE than target or FLACC >4, ie UNDERSEDATED

21 PRN RESCUE
1 hour dose of infusion
Fentanyl 50mcg/dose IV q 15min

22 If patient needs >3 boluses in 4 hours, titrate or initiate infusion

23 PAIN/ANXIETY
FLACC >4
Increase Fentanyl infusion by 25 mcg/hour q12
Increase PRN Rescue dose to match hourly infusion rate

24 PAIN/ANXIETY
Continue titration as described in Boxes 20-24
If patient reaches an infusion dose of Fentanyl 200mcg/hour,
NOTIFY MD for further instructions

25 ANXIETY
RASS > GOAL
Increase Dexmedetomidine infusion by 0.1mcg/kg/hr q 30 min

26 ANXIETY
Continue titration as described in Boxes 20-25
If patient reaches an infusion dose of Dexmedetomidine 1.5 mcg/kg/hr
NOTIFY MD for further instructions

27 REASSESS GOAL RASS and FLACC Q1 hour
Titrate accordingly

Patients >40 KG

Fentanyl and Dexmedetomidine
NO

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NO

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PRN RESCUE
1 hour dose of infusion
Fentanyl 50mcg/dose IV q 15min

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NO

Is the patient at their RASS and FLACC goals?

RASS is MORE than target or FLACC >4, ie UNDERSEDATED

If patient needs >3 boluses in 4 hours, titrate or initiate infusion

PAIN/ANXIETY
FLACC >4
Increase Fentanyl infusion by 25 mcg/hour q12
Increase PRN Rescue dose to match hourly infusion rate

PAIN/ANXIETY
Continue titration as described in Boxes 20-24
If patient reaches an infusion dose of Fentanyl 200mcg/hour,
NOTIFY MD for further instructions

ANXIETY
RASS > GOAL
Increase Dexmedetomidine infusion by 0.1mcg/kg/hr q 30 min

ANXIETY
Continue titration as described in Boxes 20-25
If patient reaches an infusion dose of Dexmedetomidine 1.5 mcg/kg/hr
NOTIFY MD for further instructions

REASSESS GOAL RASS and FLACC Q1 hour
Titrate accordingly

Patients >40 KG

Fentanyl and Dexmedetomidine