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

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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?**
         - **BOLUS**
           - Midazolam 2 mg/dose IV
           - Q15 minutes until goal RASS
           - (max 8 doses)
       - **6.** **Is RASS still greater than goal after 3 doses?**
         - **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**
           - **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
      - **NO**
        - **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 q 1 hr
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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

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