

ANALGESIA PROCEDURE FOR NURSING CARE

NURSING (mobilization, drain removal...) = RISK = PATIENT MONITORING

CONTINUOUS SEDATION ANALGESIA YES

IS PATIENT PAINFUL AT REST ?

YES

NO

Refer to continuous sedation-analgesia algorithm titrate sufentanil according to BPS score until BPS <5 at rest

WAIT
for BPS at rest <5 before any nursing procedure

Cf nurse report for the previous NURSING procedure (Patient's Clinical-Information-System : data sheet (RASS, BPS/BPS-NI, V-NRS) and nurse shift reports (pain targets))

If it was not sufficient

according to sedation-analgesia algorithm :

* ↑ sufentanil bolus of 5 µg

FILL OUT Patient's Clinical-Information-System

- 1) At rest and during nursing procedure : RASS, V-NRS or BPS/BPS-NI
- 2) Pain targets (nurse shift reports)
 - a : type of nursing procedure + V-NRS/BPS/BPS-NI evaluated during the procedure
 - b : analgesia provided
 - c : efficacy /NRS-BPS/BPS-NI, incidents

CONTINUOUS SEDATION ANALGESIA NO

IS PATIENT PAINFUL AT REST ?

YES

NO

PAIN ALREADY KNOWN AND ITS CAUSE IS DIAGNOSED

YES

NO

- 1) Registered nurses 'and nurse assistants' field of competence (psychological support, bed installation, distraction, television-radio))
- 2) Non pharmacological therapies (massage, music-therapy)
- 3) Pharmacological therapies ordered for nursing procedures

CALL DOCTOR

Alarm symptom : diagnosis is required

WAIT
for BPS/BPS-NI at rest <5
V-NRS <4
before any nursing procedure

Cf nurse report of the previous nursing procedure (Patient's Clinical-Information-System : data sheet (RASS, BPS/BPS-NI, V-NRS) and nurse shift reports (pain targets))

If not sufficient :

1. Reinforce

Non pharmacological therapies

2. Increase

Pharmacological therapies ordered for nursing procedures

*Acetaminophen 1g/30 min and/or

*Nefopam 20 mg/30min, and/or

*Tramadol 50-100 mg/30 min (peak action 30 min)

If ineffective :

*Alfentanil

bolus of 0,25 à 0,5 mg/ 2min, renew until 1mg IVD (peak action :1-2 min)