

# SEDATION PROTOCOL – SAINT ELOI HOSPITAL's ICU

## REFERENCE MARK FOR MIND :

**RASS** ↔ midazolam or propofol versus **BPS** ↔ Sufentanil

**Priority of BPS upon RASS** (↔ Sufentanil firstly if necessary)

**CARE** = bolus only, never change the speed of continuous infusion  
versus **REST** = modification of continuous infusion ± titration (bolus)

Decrease both sedative and Sufentanil if overdose because both are synergistic!

Sufentanil = 5 µg/ml ; midazolam = 1mg/ml ; propofol = 10 mg/ml

## AT REST

**1) Firstly : BPS ≥ 5 whatever the RASS value**

\***Sufentanil** : titration, bolus of 1 ml/2 mn until BPS 3-4 (max 10 ml)  
then ↑ **Sufentanil** of 1 ml/h (alert doctor if >10ml/h)

**2) BPS 3-4 associated with a RASS value**

**RASS -5 or < target value**

\* ↓ **mdz or ppf** of 1ml/h  
\* **AND** ↓ **Sufentanil** of 1ml/h

**target value**  
no change

**above target value**

\* **mdz or ppf** titration, bolus 1ml/2mn (max 10 ml) until RASS = target

\* then ↑ **mdz or ppf** of 1 ml/h  
(alert doctor if mdz > 10ml/h or ppf > 30 ml/h)

Titration and ↑ speed of continuous infusion: possible every hour

Decrease to reach the minimal efficient dose : every 4 hours [06h-12h-16h-20h-00h-04h]

## ≠ DURING A CARE PROCEDURE : if BPS ≥ 5

Administer a bolus of Sufentanil at least 5 mn before the procedure:

\*if  $0 \leq \text{SCI} \leq 3 \text{ ml/h}$  : bolus of 1ml

\*if  $4 \leq \text{SCI} \leq 6 \text{ ml/h}$  : bolus of 2 ml

\*if  $\text{SCI} > 6 \text{ ml/h}$  : bolus of 3 ml

(SCI = speed of continuous infusion)

*If the first dose was inefficient,  
increase by 1 ml the next time*

**AT ANY TIME if RASS ≥ 3 : mdz or ppf : 5ml, then alert the doctor**