ANALGESIA PROCEDURE FOR NURSING CARE

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

CONTINUOUS SEDATION ANALGESIA YES

IS PATIENT PAINFUL AT REST?

YES

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

NO

- WAIT for BPS at rest <5 before any nursing procedure

CONTINUOUS SEDATION ANALGESIA NO

IS PATIENT PAINFUL AT REST?

YES

- PAIN ALREADY KNOWN AND ITS CAUSE IS DIAGNOSED
  - 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/30 min, 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)

NO

- CALL DOCTOR
  - Alarm symptom: diagnosis is required
  - WAIT for BPS/BPS-NI at rest <5 V-NRS <4 before any nursing procedure

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

Working group: Sedation-analgesia