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 pff of 1ml/h*
     - *AND ↓ Sufentanil of 1ml/h*
   - target value
     - no change
   - above target value
     - * ↑ mdz or pff titration, bolus 1ml/2mn (max 10 ml) until RASS = target*
     - * then ↑ mdz or pff of 1 ml/h (alert doctor if mdz>10ml/h or pff >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≤SCI≤ 3ml/h : bolus of 1ml*
- *if 4≤ SCI≤6 ml/h : bolus of 2 ml*
- *if SCI>6ml/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 pff: 5ml, then alert the doctor

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Dr. Gerald CHANQUES