Try propofol bolus or propofol infusion < 3 mg/kg/h
Increase propofol infusion to > 3 mg/kg/h

Increase remifentanil to max 45 microgram/kg/h
If Analgo-sedation > 3-5 days – change to fentanyl

Assessment for agitation, restlessness, and sedation requirement

Assessment for pain and analgesia requirement

Intermittent need

Acetaminophen 1 gram x 4 p.o. or oxycodone/morphine i.v. prn or fentanyl i.v. prn (in kidney failure)

Remifentanil infusion < 6 microgram/kg/h if anticipated < 1-2 days
Increase remifentanil infusion

Fentanyl infusion < 0,200 microgram/h if anticipated > 1-2 days
Increase dose of fentanyl infusion

Try propofol bolus or propofol infusion < 3 mg/kg/h

Increase propofol infusion to > 3 mg/kg/h

Increase propofol infusion to 3-5 mg/kg/h
Try supplementing with midazolam bolus

Try supplementing with midazolam bolus or midazolam infusion

Try propofol bolus or propofol infusion > 5 mg/kg/h
Risk of developing propofol infusion syndrome

Also consider:

- Elevate head of bed
- Daily sedation interruption
- SBT and extubation
- DVT prevention

Phenobarbital (fenemal) or pentobarbital (mebumal)
If intracranial hypertension, chose thiopental (thio-coma), confer with neurosurgeon and anesthetist

Supplement with midazolam bolus or midazolam infusion

Propofol infusion