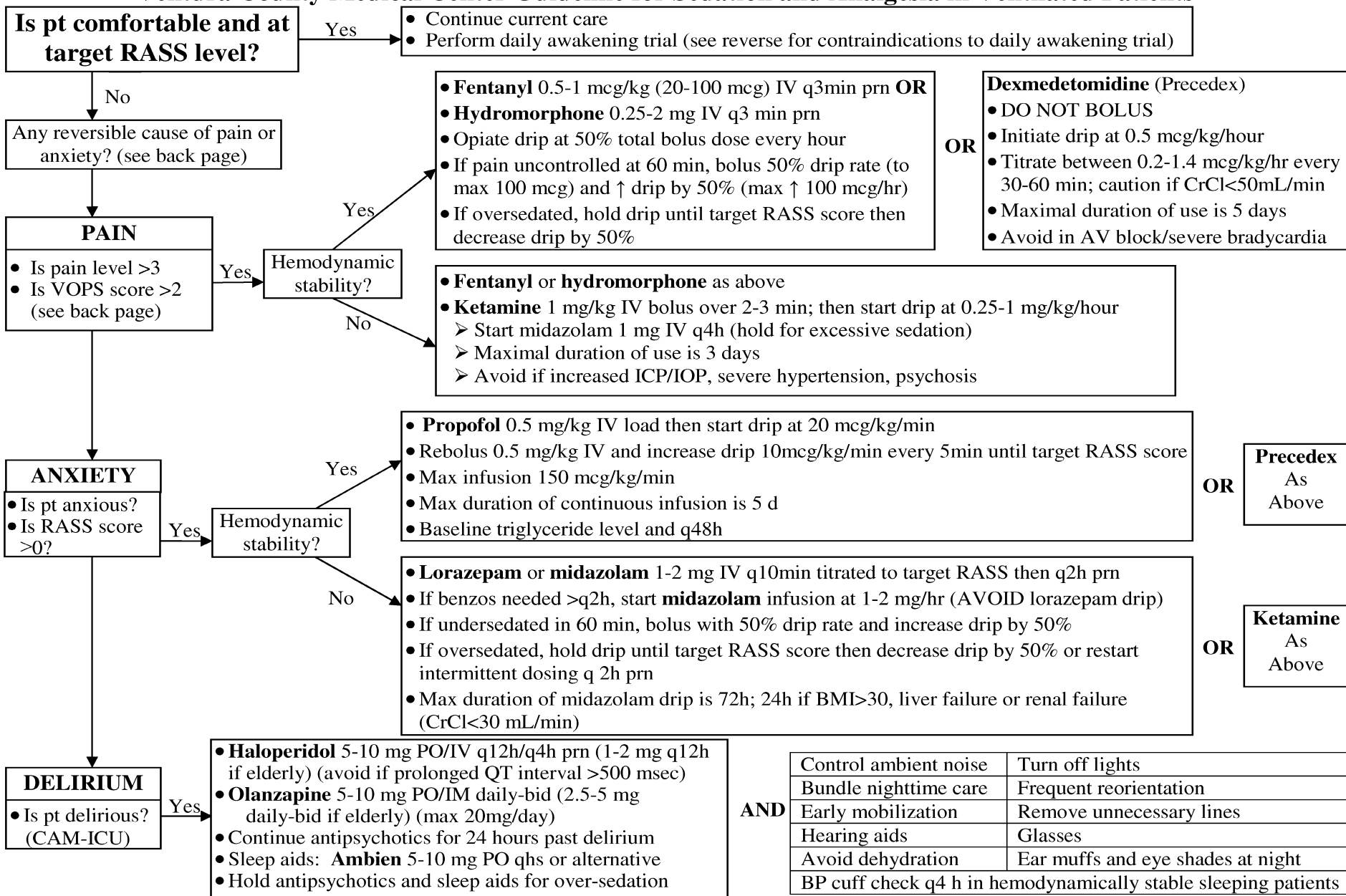


Ventura County Medical Center Guideline for Sedation and Analgesia in Ventilated Patients



Ventura County Medical Center Observational Pain Scale (VOPS)*‡

	0 points	1 point	2 points
Facial Expression	<u>Relaxed, neutral:</u> No muscular tension observed	<u>Tense:</u> Presence of frowning, brow lowering, orbit tightening, & levator contraction	<u>Grimacing:</u> All of the facial expressions for 1 point + eyelids tightly closed
Body Movement	<u>Absence of Movements</u>	<u>Protection:</u> Slow cautious movements, touching or rubbing the pain site, seeking attention through movements	<u>Restlessness:</u> Pulling at tube, attempting to sit up, moving limbs or thrashing, not following commands, striking at staff, trying to climb out of bed
Muscle Tension	<u>Relaxed:</u> No resistance to passive movement	<u>Tense, Rigid:</u> Resistance to passive movements	<u>Very Tense or Rigid:</u> Strong resistance to passive movements, inability to complete them
Compliance with Ventilator (if intubated) OR Vocalization (if not intubated)	Alarms not activated, easy ventilation OR Talking in normal tone or no sound	Coughing but tolerating the ventilator: Alarms stop spontaneously OR Sighing, moaning	<u>Fighting Ventilator:</u> Asynchrony; blocking ventilation; alarms frequently activated OR Crying out, sobbing, tearing
Modifiers:	Known mildly painful procedure or condition (see list): +1 Known moderately to severely painful procedure or condition (see list): +2 Unexplained elevated blood pressure, heart rate, or respiratory rate over baseline: +1 Unexplained <u>markedly</u> elevated blood pressure, heart rate, or respiratory rate over baseline: +2		

The scale is to be recorded hourly with the vital signs. Scores of ≥ 10 are recorded as 10.

* - VCMC Observational Pain Scale is utilized if a patient can not self-report pain; desire a VOPS score <3

Adapted from the Critical Care Pain Observation Tool in American Journal of Critical Care. 2006; 15(4):420-427

‡ - Note: This scale does NOT apply to patients who are receiving neuromuscular blockers

Common Causes of Acute Pain				Common Causes of Acute Anxiety	
Suctioning	Patient turning	Dressing changes	Drain removal	Untreated pain	Sleep disturbance
Incisional pain	Burns/fractures	MI or myocarditis	Visceral pain	Head Injury	Encephalopathy
Pleuritic Chest Pain	Line placement	Invasive Procedures	Neuropathies	Ventilator dyssynchrony	Invasive Procedures
Immobility	Presence of tubes (ETT/chest tubes/NGT/OGT)				

Richmond Agitation-Sedation Scale

+4	Combative	Combative, violent, immediate danger to self
+3	Very agitated	Pulls or removes tube(s) or catheter(s); aggressive
+2	Agitated	Frequent nonpurposeful movement, fights ventilator
+1	Restless	Anxious, apprehensive but movements are not aggressive or vigorous
0	Alert and Calm	
-1	Drowsy	Not fully alert, but has sustained awakening to voice (eye opening & contact > 10 sec)
-2	Light sedation	Briefly awakens to voice (eye opening and contact < 10 sec)
-3	Moderate sedation	Movement or eye opening to voice (but no eye contact)
-4	Deep sedation	No response to voice, but movement or eye opening to physical stimulation
-5	Unarousable	No response to voice or physical stimulation

Contraindications to Sedation Vacation

ICP >20 or suspected high ICP
Marked hemoptysis
Active Upper GI bleed with hemodynamic instability
Unstable Airway
Need for Therapeutic Coma
Marked Hemodynamic Instability
Receiving Neuromuscular Blockade
Prone Positioning
Respiratory Instability on Ventilator