

STEP 0

Providers:

1. **Order RSI order set** Immediately RSI
2. **Initiate STEP 1** of SPAD order set SPAD (SPAD reference text available in the PowerPlan)
3. **Consider: Initiate STEP 2** of SPAD order set **now if patient is in moderate/severe ARDS with PEEP >8**

Nursing: Per the **RSI order set** and guideline:

- Administer fentanyl and Versed, document Vital Signs, Pain, and RASS for each medication administration
- If the patient is receiving long acting neuromuscular blocking agents (NMBA) for RSI, initiate propofol infusion. Titrate to RASS goal -3. Document RASS and infusion initiation q1 hour minimally
- Place OG tube and confirm placement with current guidelines
 - Document OG tube placement, station, securement, and care in IView
- Proceed to Step 1 of the SPAD Protocol (**STEP 2** may be initiated simultaneously)
- View the SPAD reference text available in the PowerPlan

STEP 1

Providers:

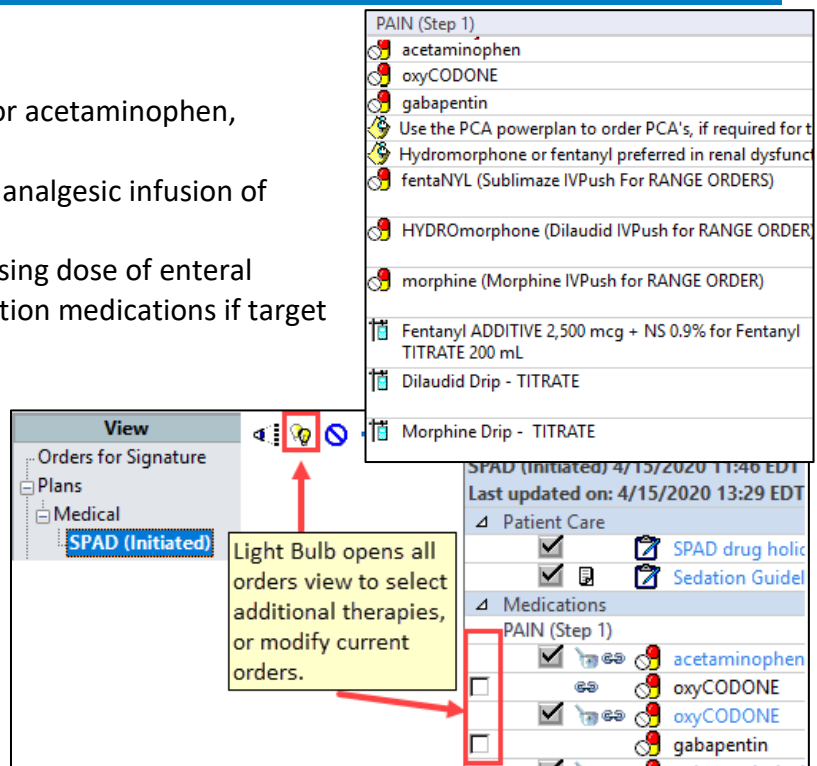
- Select the appropriate dose and schedule for acetaminophen, oxycodone, and gabapentin
- Select the appropriate PRN and continuous analgesic infusion of fentanyl, hydromorphone, or morphine
- Nursing may contact you to consider increasing dose of enteral opiate by 50% and **initiation of STEP 2** sedation medications if target pain and RASS are not achieved in **STEP 1**

To modify the PowerPlan:

1. Select the PowerPlan
2. Click on the Light Bulb
3. Note preselected medications, deselect per preference
4. Modify current orders or select additional orders

Nursing: Monitor pain and sedation levels






- **Target Pain <4, RASS 0 to -2**
- Document RASS with initiation, each titration, and hourly in Monitoring Band: IV Drips
- If pain and sedation target not achieved **call the provider** for consideration of increasing medication doses and **initiating STEP 2**



STEP 2

Providers:

- Select appropriate enteral lorazepam dose/schedule
- Select **one** sedative for continuous infusion
 - Preferred propofol or Precedex
 - Second-line lorazepam or Versed
- Nursing may contact you to consider increasing scheduled enteral medications by 25-50% and **initiate STEP 3** if target pain and RASS are not achieved

Sedation (Step 2)	
	LORazepam
	propofol (Diprivan Drip - TITRATE)
	Precedex Drip - TITRATE -
	Versed Drip - TITRATE
	LORazepam (Ativan Drip - TITRATE (Syringe))







Nursing: Monitor pain and sedation levels, target pain <4, RASS 0 to -2

- Administer enteral lorazepam and chart the RASS
- Administer IV sedation and document RASS with initiation, each titration, and hourly in Monitoring Band: IV Drips, document volumes in I&O
- If RASS target not achieved, **call the provider** for consideration of increasing enteral medications by 25-50% **and** initiate **STEP 3**

STEP 3

Provider:

- Select continuous ketamine infusion (MMC Only) **or** second continuous sedative from **STEP 2**
 - if ketamine is used, consider adding medication to treat increased oral/airway secretions
- Consider adding phenobarbital scheduled and PRN

Adjunctive Sedation (Step 3)	
	Ketamine Reference Text
	Ketamine Drip - TITRATE
	glycopyrrolate (Glycopyrrolate IVPush)
	scopolamine (scopolamine 1.5 mg transdermal film, extended release)
	Check Topical Patch
	PHENobarbital (PHENobarbital IVPush)

Nursing: Continue to monitor pain and sedation levels

- Initiate additional sedative infusion per order
- Documents RASS with initiation, each titration, and hourly in Monitoring Band: IV Drips, document volumes in I&O

STEP 4

Provider: STEP 4 is the discontinuation sequence leading to extubation

- Communicate with nursing the intention to initiate weaning parameters
 1. Wean continuous sedation first
 2. Wean opioid infusion second
- Wean and **discontinue** scheduled **enteral opiates and sedatives**
 - **Continue** the PRN **PO opiates** post extubation
 - Consider Precedex as a sedation bridge through extubation if lack of continuous sedation not tolerated

Nursing: Communicate with provider the patient tolerance to weaning parameters

- Wean continuous sedation first, then wean the opioid infusion second
- Document weaning parameters in IView: Monitoring band for sedatives and correlating RASS
- Document pain and POSS as opiates are weaned
- Contact provider for Precedex if the patient does not tolerate weaning

Additional Considerations

Patients may be on this PowerPlan for many days

- Ensure scheduled Bowel Program is ordered due to opioid therapy
- Do not stop therapies abruptly, withdrawal symptoms can occur with benzodiazepines and opioids
 - Tapering medications should be considered
 - Contact Pharmacists for guidance at any time if needed
- Address delirium and agitation with additional PRN therapies in SPAD PowerPlan