

# Implementation of Daily Sedation Vacation

- All patients are to be assessed for sedation and agitation based on the Revised Riker Sedation and Agitation scale every 4 hours
- The worst score within the last 4 hours is to be recorded

## Revised Riker Sedation and Agitation Scale

Score	Description	Definition
+3	Agitated and restless	When awoken or otherwise, pulling at ETT, trying to remove catheters or requires physical restraints
+2	Awake but mildly agitated	Anxious but mildly agitated. Attempts to sit up but calms down with verbal instructions
+1	Awake and calm	Awake, calm and easily follows commands
0	Aroused by voice and remains calm	Awakens easily to verbal stimuli. Remains awake, calm and easily follows command
- 1	Aroused by movement	Awakens to loud verbal stimuli or gentle shaking. Has eye contact for at least 10 seconds but drifts off to sleep OR Awakens to loud verbal stimuli or gentle shaking and follows simple commands
- 2	Aroused by painful stimuli	Localising or flexion to pain. Does not communicate or follow commands
- 3	Unarousable	Extension, minimal or no response to painful stimuli

# Assessment

Observe patient:

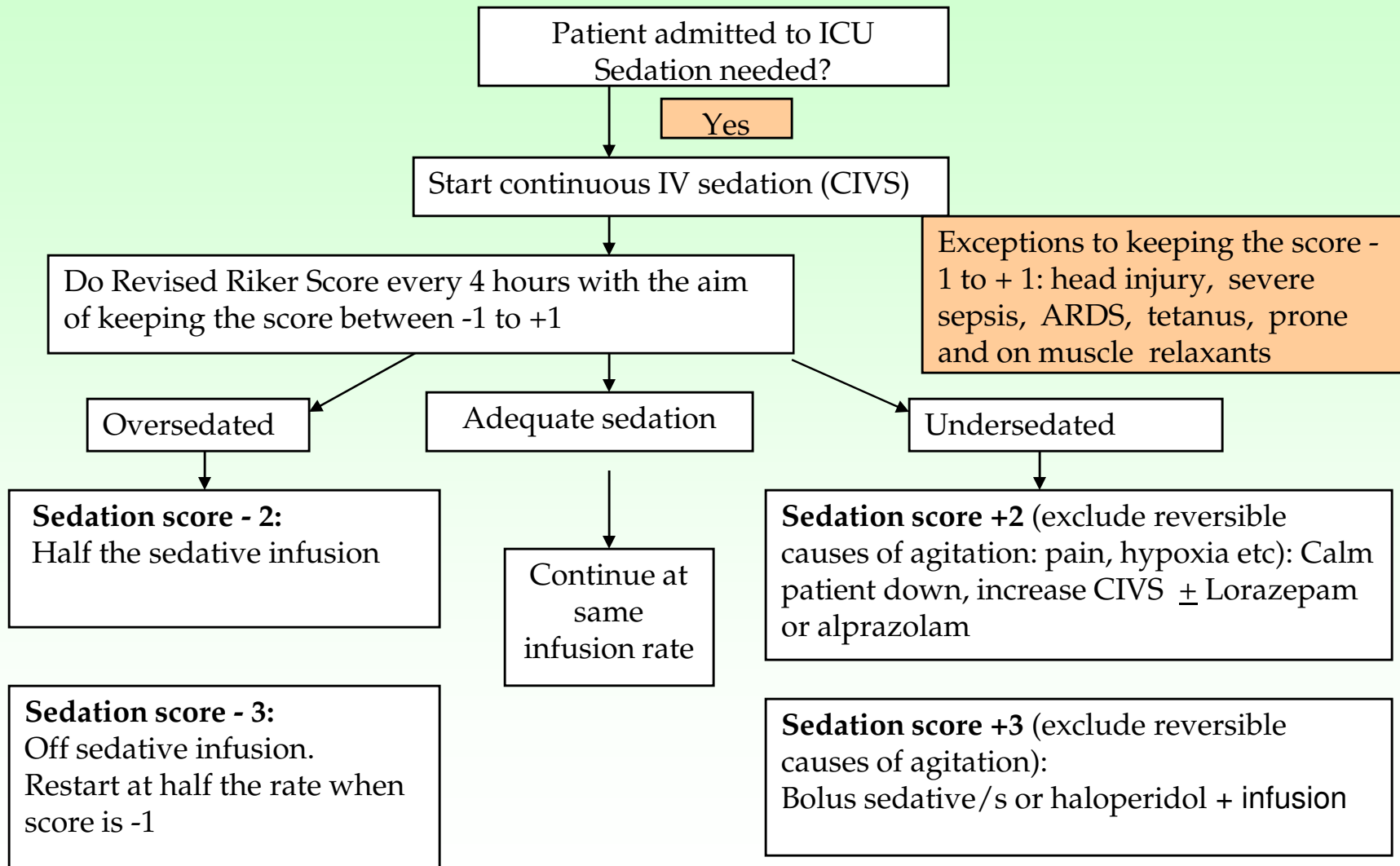
1. Is the patient awake and calm? If yes, score +1  
Does the patient have behavior consistent with restlessness or agitation? If yes, score +2 or +3 based on the criteria above
2. If the patient is not awake, call the patient's name out or lightly tap on the shoulder. If awakens and remains awake, score is 0 but if drifts off to sleep after eye contact, score is -1
3. If does not respond to voice or gentle tapping, physically stimulate the patient. Observe response and score using the criteria above

- The sedative infusion rate is titrated with the aim of keeping the sedation score between -1 to +1

# Exceptions to keeping the sedation score between -1 and +1

	sedation score
head injured on cerebral protection	-3
severe sepsis on high inotropic support	at least -1
ARDS on high ventilatory support	at least -2
tetanus	at least -2
patients who are in prone position	at least -2
patients who are receiving infusions of muscle relaxants	at least -2

# Algorithm for titration of continuous intravenous sedation using the Revised Riker Sedation Agitation Scale



# Daily sedation vacation

- Stop sedation at 0800h every morning to allow patients to wake up until they are able to follow simple commands including tracking with their eyes, squeezing fingers and moving their tongues

**Exceptions: *head injured, severe sepsis, ARDS, tetanus, asthma, ACS prone position or on infusions of muscle relaxants***

- Withhold narcotics (e.g. morphine or fentanyl) as well unless it is indicated for pain

# Daily sedation vacation

- If the sedation score is +2, calm patient down and if fail, consider physical restrain
- Physical restrain includes wrapping the hands in cotton bandages in the form of “boxing gloves” or tying the arms loosely to the bed frame

# Daily sedation vacation

- If the sedation score is +3 or if patients show asynchrony with the ventilator, resume sedation
- If the time to sedation score +3 is  $> 6$  hours, bolus sedative/s or haloperidol (eg 5 mg) may be given and sedative infusion started at half the previous dose

# Recommendations to improve compliance of daily interruption of sedation

- Implement the sedation protocol
- Implement Riker Sedation and Agitation Scale
- Implement the daily interruption of sedation protocol
- Condense all these 3 protocols into one A4 paper and have it laminated and hang by the sedation infusion pump
- Assess compliance each day during daily ward rounds
- Post compliance with the intervention in a prominent place in your ICU to encourage change and motivate staff