

SMH Drug Dosing Guidelines (Enteral opioids, Sedatives, and Adjuncts)

In response to the anticipated Covid-19 surge (date 4/5/2020)

Note: This grid serves as a guideline for clinicians to help transition ventilated patients off IV analgo-sedation in times of drug shortages. Clinicians need to apply knowledge of organ function, age, comorbidities, current analgo-sedation burden and pre-existing opioid tolerance to adjust doses.

- Some of these medications can be given IV if no enteral route is available.

- Bowel function and risk for ileus must be assessed closely.

- Medications may be initially scheduled around the clock if appropriate to enable transitioning off high doses of IV analgo-sedation. Once desired outcomes have been achieved (vent synchrony, successful SBT, improved agitation/delirium, etc) consider de-escalating doses/frequencies. **Goal is to discontinue these medications prior to leaving the ICU or discharge from the hospital (unless patient was taking these medications at home).**

OPIOIDS		
Drug	Dosing range	Comments
Oxycodone	5 -30 mg q4h	Caution in elderly, opioid naive patients, compromised kidney or liver function, baseline cognitive disorders
Hydromorphone	2-4 mg q4h	
Methadone	5-40 mg q6-12h	Check QTC, long half-life,
Morphine	10-30 mg po q4h	Do not use in renal failure
Tramadol	25-100 mg q4-q6h	Caution in renal failure and history of seizures
ATC acetaminophen can be added to any of the above to reduce pain/fever.		
SEDATIVES		
Drug	Dosing range	Comments
Diazepam	2.5-15 mg Q4-8h	- Caution with elderly patients, organ dysfunction, concurrent sedatives/analgesics/atypical antipsychotics - Benzodiazepine use has been linked to increased risk of ICU delirium
Lorazepam	0.5-2 mg q4-8h	
Alprazolam	0.25-1 mg q6-8h	
Clonazepam	0.5- 2 mg q6-8 h	
Chlordiazepoxide	25-50 mg q4-q8h	
ANTIPSYCHOTICS		
Drug	Dosing range	Comments
Haloperidol	2.5-5 mg q4-6h	- Use to treat agitation/delirium in ICU patients - These medications can prolong QTC and risk increases when used in conjunction with other QTC prolonging medications. - Watch for EPS and other movement disorders
Olanzapine	2.5-10 mg q6-q12h	
Risperidone	0.5-1 mg q8-q12h	
Quetiapine	12.5-50 mg q6-12h	
Chlorpromazine	10-50 mg q4-6h	
OTHER SEDATION/AGITATION/DELIRIUM ADJUNCTS		
Drug	Dosing range	Comments
Hydroxyzine (HCl)	10-50 mg q4-6h	Use as an adjunct for sedation
Promethazine	6.25-25 mg q4-6h	
Guaifenesin with DM	10-20 ml q4-q6h	Use as a cough suppressant
Guaifenesin with Codeine	10-20 ml q4-q6h	
Gabapentin	100-900 mg q8h	- As an adjunct for pain management
Pregabalin	50-150 mg q8h-12h	- Caution with renal dysfunction
Phenobarbital	30-65 mg q6h	As an adjunct for sedation
Valproic acid	10-20 mg/kg/day in 3-4 doses	As an adjunct for sedation
Clonidine	0.1-0.3 mg q6-8h	Use higher doses as tolerated to wean off Precedex
Melatonin	1-10 mg qhs	To help regulate sleep in patients with agitation/delirium
Ramelteon	4-8 mg qhs	
Zaleplon	5-10 mg qhs	