Procedural Sedation and Analgesia

Medication
- Suggested equipment for: 1. monitoring - continuous pulse oximeter, BP, EKG monitor, end-tidal CO2 monitor if available (recommended). 2. resuscitation - airway equipment, suction, functional IV line, O2, reversal agents if applicable.
- RN at bedside until patient returns to baseline.

Analgesics
- Morphine sulfate 0.1 mg/kg IV
- fentanyl/SUBLIMAZE 1-3 mcg/kg IV
- hydromorphone/DILAUDID 0.015 - 0.03 mg/kg IV

Sedatives
- etomidate /AMIDATE 0.1-0.15 mg/kg. IV Repeat 0.1 mg/kg (always consider as deep sedation; consider for hemodynamically unstable patients. Myoclonus 20-30% of the time)
- propofol /DIPRIVAN 1 mg/kg IV (always consider as deep sedation; hypotension risk. Patients should be hemodynamically stable and well hydrated)
- methohexital/BREVITAL 1 mg/kg. IV Repeat 0.5 mg/kg (always consider as deep sedation. Patients should be hemodynamically stable and well hydrated. Relatively higher risk for apnea/hypoventilation)
- midazolam /VERSED 0.02-0.2 mg/kg. IV Repeat 0.02 mg/kg. IV (May titrate moderate to deep sedation. Longer acting agent compared to others. REDUCE DOSING BY 25 TO 50% FOR AGE > 70, HIP REDUCTIONS, CARDIOVERSIONS WEIGHT > 100 KG, ASA STATUS, AND COMPLICATED AIRWAY)
- ketamine /KETOLAR 1 mg/kg IV or 2-4 mg/kg IM (trance-like state; offers sedation, analgesis and amnesia. Increased airway secretions and emergence reactions. Nystagmus.

Reversal Agents
- naloxone/NARCAN 0.4-2 mg IV every 2 - 3 minutes as needed for sedation reversal
- flumazenil/ROMAZICON 0.2 mg every minute for 1 to 5 minutes (1 mg total and maximum of 3 mg/hr) as needed to reverse benzodiazepine sedation

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