# PICU Analgesia and Sedation Algorithm
# >30kg Unintubated

**Aim = MAPS < 4 and SBS as prescribed (usually -1 to 0)**
*If on morphine infusion, continue at set rate*
**ASSESS MAPS:**
- If MAPS >4, bolus morphine 1mg every 10 mins to achieve goal MAPS or start PCA
- If >3 boluses needed, start/increase infusion – 2mg/hr

**ASSESS SBS:**
- If pain control satisfactory but sedation inadequate, diazepam 2.5mg, repeat Q10min X1 PRN

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Optimise non-pharmacologic measures
Optimise adjunct pain medication if appropriate – tramadol, paracetamol and NSAIDs

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**REASSESS MAPS:**
- If MAPS >4, bolus morphine 1mg every 10 mins to achieve goal MAPS
- If >3 boluses needed, increase infusion by 1mg/hr or alter PCA settings

**REASSESS SBS:**
- If under-sedated but pain control satisfactory, diazepam 2.5mg

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**Pain and Sedation Adequate**

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- MAPS & SBS in target range: continue current treatment
- MAPS <2: decrease morphine infusion by 5mcg/kg/hr
- SBS over-sedation: halve sedative dose

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**Reassess MAPS & SBS 4 hrly**

**Pain and/or Sedation Inadequate**

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**PAIN:**
- Increase morphine infusion to max of 5mg/hr or alter PCA settings
- Optimise paracetamol and NSAID

**SEDATION:**
- Diazepam 2.5mg

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**MAPS >4 or SBS under-sedated**

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Bolus clonidine 50mcg

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**MAPS >4 or SBS under-sedated**

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Re-bolus clonidine 50mcg

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**MAPS >4 or SBS under-sedated**

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**DISCUSS WITH CONSULTANT**

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**SEDATION:**
- Increase clonidine dose
- Promethazine 25-50mg Q6H
- Phenobarbitone 150 Q12H
- Dexmedetomidine load 1mcg/kg/hr
  ⇒ Infuse 0-1mcg/kg/hr

**PAIN:**
- Tramadol 50-100mg Q6H
- Increase morphine infusion