

MANAGING PAIN, ANXIETY, & DELIRIUM

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General guidelines: differentiate PAIN from ANXIETY from DELIRIUM, each should be assessed separately
use a quantitative tool to assess each and be goal directed in interventions to treat

	PAIN	ANXIETY	DELIRIUM
ASSESS	<p>Direct: Ask Pain scales numeric visual analog</p> <p>Indirect: vital signs</p> <p>Tools: CPOT many others (PAIN, NPAT, etc)</p>	<p><u>RASS</u>: +4 violent, dangerous +3 pulls T/L/D, aggressive +2 freq movement, dyssnchrony +1 restless 0 alert, calm -1 awakens (>10 sec) to voice -2 awakens (<10 sec) to voice -3 moves to voice, no eye contact -4 no response, moving -5 no response, not moving</p> <p>Typical goal → (points to 0) Goal for NMB → (points to -5)</p>	<p><u>CAM-ICU</u></p> <p>1. Fluctuating or change in baseline? yes ↓ 2. Inattention? (SAVE A HAART) >2 errors ↓ "Tap each time you hear an A" 3. Altered LOC? (check RASS) RASS ≠ 0 ↓ 4. Disorganized? (questions & commands) >1 error ↓ Delirious</p> <p>Does a stone float on water? Are there fish in the sea? Does 1 lb weigh more than 2 lbs? Can you use a hammer to pound a nail? Hold up two fingers? Do it with the other hand.</p>
PREVENT	<p>Treat: causes</p> <p>Minimize: procedures, interventions</p> <p>Position: for comfort</p> <p>Premedicate: before procedures</p> <p>Optimize: ventilator mode/settings</p> <p>Continue/restart home medications</p>	<p>Prevent and treat pain (everything listed to the left)</p> <p>Provide reassurance</p> <p>Have family present</p>	<p>Treat: pain and anxiety</p> <p>Minimize: deliriogenic meds</p> <p>Maintain: day-night cycle</p> <p>Avoid: restraints, tubes/lines, noise</p> <p>Optimize: vision, hearing, mobility</p> <p>Use correct language, have family present</p> <p>Mobilize patients early and aggressively</p>
TREAT	<p>Local: LIDOCAINE</p> <p>Non-opiate: TYLENOL (PO, PR, PFT, and IV) NSAIDS (Toradol, Motrin)</p> <p>Adjuncts: GABAPENTIN, TCAs</p> <p>Opiates: PO OXYCODONE MORPHINE (bolus vs gtt) IV FENTANYL DILAUDID MORPHINE</p> <p>Other Routes: Epidural, PNC, nerve block Consider patient controlled (PCA)</p>	<p>Many patients will not require any meds.</p> <p>GABAergic: PROPOFOL</p> <p>α2 Agonist: PRECEDEX</p> <p>BZDs: VERSED (preferably bolus instead of gtt) ATIVAN VALIUM</p> <p>Dissociative: KETAMINE</p>	<p>Use non-pharmacologic modalities instead of mediations if possible.</p> <p>Stop possible offending medications before adding more agents to control symptoms of delirium.</p> <p>Typical: HALDOL Atypical: SEROQUEL</p> <p>Other: MELATONIN</p>