

New Guideline of Sedatives and Analgesics in ICU

張家昇 主任

中國醫藥大學附設醫院外科ICU

Analgesic and sedative medications are widely used in intensive care units (ICU) to achieve patient comfort and tolerance of the ICU environment, and to eliminate pain, anxiety, delirium and other forms of distress. The Society of Critical Care Medicine's (SCCM) American College of Critical Care Medicine (ACCM) has published a revised version of its pain, agitation and delirium (PAD) clinical practice guidelines for adult intensive care unit (ICU) patients to revise the "Clinical Practice Guidelines for the Sustained Use of Sedatives and Analgesics in the Critically Ill Adult" published in CCM in 2002.

Ensuring that critically ill patients are free from pain, agitation and delirium may directly conflict with other ICU management goals, such as maintaining cardiopulmonary stability while preserving adequate end-organ perfusion and function. Studies and surveys have revealed wide variability in analgesics and sedatives selection, monitoring using scales, and implementation of structured treatment algorithms among practitioners in different countries and regions of the world. Successful management of analgesia and sedation incorporates a patient-based approach that includes detection and management of predisposing and causative factors, including delirium; monitoring using analgesia and sedation scales and other instruments; proper medication selection, with an emphasis on analgesia-based drugs; and incorporation of structured strategies that have been demonstrated to reduce likelihood of excessive or prolonged sedation.

Delirium in ICU is exceedingly common, and risk factors for delirium among the critically ill are nearly ubiquitous. Addressing modifiable risk factors including sedation management, medications, immobility, and sleep disruption can help to prevent and reduce the duration of this deadly syndrome. The development of valid and reliable bedside assessment tools to measure pain, sedation, agitation, and delirium separately has allowed clinicians to better evaluate and manage ICU patients. Further, our increased understanding of the clinical pharmacology of medications commonly administered to treat PAD has given us greater insight to both the short- and long-term consequences of prolonged exposure to these agents.

How the sedatives and analgesics medications were administered can affect patient outcomes as much as drug choice. Clinicians can implement the ABCDE bundled approach for patients care in their ICUs. These guidelines provide a roadmap for developing integrated, evidence-based, and patient-centered protocols for preventing and treating pain, agitation, and delirium in critically ill patients.