This protocol is used for sedation of a patient during and interfacility transport.

A. **Perform Inter-Facility Transport Assessment (IFTA) Procedures Patient Care Protocol 9204** and follow the proper protocol for medical management based on clinical presentation.

B. Treatment in the **non-intubated patient**:

1. Confirm and document signs and symptoms that indicate the need for administration of the sedative.
2. Obtain and document vital signs.
3. **Sedation of a patient with respiratory depression, hypotension, or decreased mental status is contraindicated.**
4. Administer the sedative from the chart below at the dose **ordered by the sending physician**.
5. Utilization of only one sedative is recommended. In conjunction with the **sending physician**, initiate only (1) sedative from the below chart.
6. If not using the below chart refer to E of this protocol.

| **Drug** | **Non-Intubated IV dose** | **Intubated IV dose** | **May give twice** | **Comments** |
|---|---|---|---|---|
| Midazolam (*Versed*) | 1 mg | 0.1 mg/kg up to 5 mg | 5 minutes apart | **Give slowly over 2 minutes**<br>**Maximum dose 10 mg** |
| Lorazepam (*Ativan*) | 1 mg | 2 mg | 10 minutes apart | Dilute with equal ml's of normal saline, **give slowly over 2 minutes**<br>**Maximum dose 10 mg** |
| Diazepam (*Valium*) | 2.5 mg | 5 mg | 5 minutes apart | **Give slowly over 2 minutes**<br>**Maximum dose 10 mg** |

7. Document the outcome and effectiveness of the medication.
8. If no improvement or medication is ineffective, **consult with Medical Command Physician** for further orders.

9. **Do <u>not</u>** give sedatives in an IV line with any other medication. Flush line with 5 ml normal saline before and after giving the drug.

C. Treatment in the **intubated patient**:
**An EMT-B or higher level attendant must be available to assist the paramedic and be physically present in the patient compartment at all times throughout the transport.**

1. Assess and document endotracheal tube size and depth and confirm proper placement by auscultation of breath sounds and continuous wave-form capnography.

2. Obtain and document vital signs.

3. Document the patient's level of sedation and monitor vital signs with pulse oxygenation and capnography every 15 minutes.

4. If the patient is appropriately sedated maintain the sedative infusion rate set by the sending physician.

5. *If you have concerns for under or over sedation discuss this adjusting the infusion rate with the* ***sending physician.***
   i. Discuss the Following with the **sending physician**
      1. Target sedation score? (based on sedation assessment RASS Chart Below)
      2. Which sedative medication should be given for breakthrough agitation/anxiety? (See previous chart for intubated IV dosing).
         a. If patient requires > 2 boluses in one hour how much should the sedation/analgesic infusion rate be increased?

6. Document the patient's level of sedation and monitor vital signs with pulse oxygenation and capnography every 15 minutes.

D. Monitor continuous sedative/analgesic infusions.

   i. An agent for long term paralysis MUST never be given until endotracheal tube placement is fully confirmed.

   **ii. All patients given a long-term paralytic agent should also periodically be given sedation while they remain paralyzed.**

E.

## Richmond agitation sedation scale

| Score | Term | Description |
|---|---|---|
| +4 | Combative | Violent; immediate danger to staff |
| +3 | Very agitated | Pulls/ removes tubes, catheters; aggressive |
| +2 | Agitated | Frequent non purposeful movement; patient ventilator asynchrony |
| +1 | Restless | Anxious or apprehensive |
| 0 | Alert and calm | |
| -1 | Drowsy | Not fully alert but awakens for >10s, with eye contact, to voice |
| -2 | Light sedation | Briefly awakens (<10s), with eye contact, to voice |
| -3 | Moderate sedation | Any movement to voice but no eye contact |
| -4 | Deep sedation | No response to voice but movement to physical stimulation |
| -5 | Unarousable | No response to voice or physical stimulation |