MANAGING PAIN, ANXIETY, AND DELIRIUM

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Comments? Questions? Improvements?
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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

ASSESSMENT

PAIN

Direct: Ask
Pain scales ~~numeric~~ visual analog

Indirect: vital signs

Tools: CPOT
many others (PAIN, NPAT, etc)

Anxiety

RASS:
+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

Delirium

CAM-ICU
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

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.

PREVENTION

Treat: causes
Minimize: procedures, interventions
Position: for comfort
Premedicate: before procedures
Optimize: ventilator mode/settings

Continue/restart home medications

Prevent and treat pain
(everything listed to the left)

Provide reassurance

Have family present

Treat: pain and anxiety
Minimize: deliriogenic meds
Maintain: day-night cycle
Avoid: restraints, tubes/lines
Optimize: vision, hearing

Use correct language, have family present
Mobilize patients early and aggressively

TREATMENT

Local: LIDOCAINE
Non-opiate: TYLENOL (PO, PR, PFT, and IV)
NSAIDS (Toradol, Motrin)
Adjuncts: GABAPENTIN, TCAs
Opiates: PO OXYCODONE
MORPHINE
(bolus vs gtt) IV FENTANYL
DILAUDID
MORPHINE
Other Routes: Epidural, PNC, nerve block
Consider patient controlled

Many patients will not require any meds.

GABAergic: PROPOFOL
α2 Agonist: PRECEDEX
BZDs: VERSED
(preferably bolus instead of gtt) ATIVAN
VALIUM
Dissociative: KETAMINE

Use non-pharmacologic modalities instead of mediations if possible.

Stop possible offending medications before adding more agents to control symptoms of delirium.

Typical: HALDOL
Atypical: SEROQUEL
Other: MELATONIN

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