

Sedation for Ventilated Pediatric Patients

Strategies:

Postoperative short term ventilation – if you are planning on extubating the patient in 6- 12 hours use **intermittent** opioids since pain will be your primary problem and you may or may not need to add **intermittent** benzodiazepines for sedation.

Postoperative long term ventilation - use **continuous** opioids to treat pain and you may or may not need to add intermittent benzodiazepines for sedation.

Medical short term ventilation – use **intermittent** benzodiazepines since sedation is what is primarily required for ET tube tolerance and you may or may not need to add **intermittent** opioids.

Medical long term ventilation - continuous midazolam and add **continuous or intermittent** opioids if needed for pain.

Remember if the **patient-ventilator synchrony** is poor then more sedation will be required to make the patient comfortable on the ventilator.

Drugs:

Midazolam starting dose 0.05-0.1mg/kg IV may repeat every 5-10 minutes X 2 until effective sedation reached. Use this as basis for IV q1-2° dosing schedule.

Lorazepam starting dose 0.05-0.1 mg/kg IV may repeat in 5-10 minutes until effective sedation reached. Use this as basis for IV q2-4° dosing schedule.

If effective intermittent regimen cannot be easily established consider continuous drip

Midazolam Drip at (0.01- 0.05mg/kg/hr) but watch for respiratory depression and hypotension.

Opioids- use dosing on the HELP pain management handout.