

Purpose: To provide a method for sedating patients that must have a procedure performed and the patient's level of consciousness prohibits use of the standard procedure.
This procedure is for Paramedic use only.

I. Indications for Sedation

- A. Patient who must be endotracheally intubated:
 - 1. Presence of altered mental status
 - 2. Signs of airway compromise or respiratory distress
 - a. Confirmed compromise with pulse oximetry
 - 3. Standard intubation procedures have failed due to the patient's mental status (i.e.: gag reflex, combative)
- B. Multiple-trauma patient:
 - 1. Extremely combative
 - 2. To assist with procedures of care
- C. Patient must be cardioverted, or paced and is currently alert or responsive to pain.

II. Contraindications

- A. Probable inability to control the patient's airway
- B. Known allergy to sedation medications

III. Assessment

- A. Evaluate adequacy of airway
 - 1. Protect cervical spine from movement in all trauma patients.
- B. Evaluate presence of adequate ventilation with oxygenation
 - 1. Monitor vital signs.
 - 2. Monitor pulse oximetry.
- C. Monitor for a change in level of consciousness

IV. Procedure

- A. Utilize universal precautions.
- B. Maintain airway; provide oxygenation and support ventilation.
- C. Obtain vascular access.
- D. For pacing or cardioverting patients, sedate patient to a level of consciousness where the procedure can be performed.
 - a. Administer **morphine sulfate** 2-10 mg slow IVP (for peds 0.1 mg/kg IVP) or as ordered, titrating until sedation occurs, **AND/OR**
 - b. Administer **midazolam** 0.05mg/kg, max of 5mg IVP, titrated to sedative effects (adult or peds).

CONTACT MEDICAL CONTROL

E. Possible orders post radio contact:

- 1. For adult intubation or sedation of a trauma patient, sedate to a level of consciousness where procedure can be performed.
 - a. Administer **morphine** 2-10 mg slow IVP (for peds 0.1 mg/kg IVP) or as ordered, titrating until sedation occurs, **AND/OR**
 - b. Administer **midazolam** 0.05mg/kg, max of 5mg IVP titrated to sedative effect (adult or peds).
- 2. For intubation of a pediatric patient:
 - a. Administer **atropine** 0.02 mg/kg IVP (0.2 ml/kg) minimum dose 0.1 mg; maximum dose 1.0 mg
- 3. For an adult patient with bradycardia following intubation or sedation:
 - a. Administer **atropine** 1 mg IVP

WEST MICHIGAN REGIONAL PROTOCOL

PATIENT SEDATION PROCEDURE

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IV. Special Considerations

- A. Administering atropine to the pediatric patient prior to intubation may prevent bradycardia. Prevent delays in ventilation to reduce periods of hypoxia.
- B. Diluting morphine with saline assists in the ability to titrate slowly
- C. Utilizing morphine may be preferable since paramedics have the ability to reverse its effects.
 - 1. It is wise to have naloxone prepared in syringe for reversal of morphine.
- D. Contact medical-control if additional sedation medication becomes necessary enroute.

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