Burn ICU Sedation Practices Following Guideline Implementation

Jeffrey H Anderson MD, Samuel P Mandell MD MPH FACS
UW Medicine Regional Burn Center, Seattle, Washington

Objective:

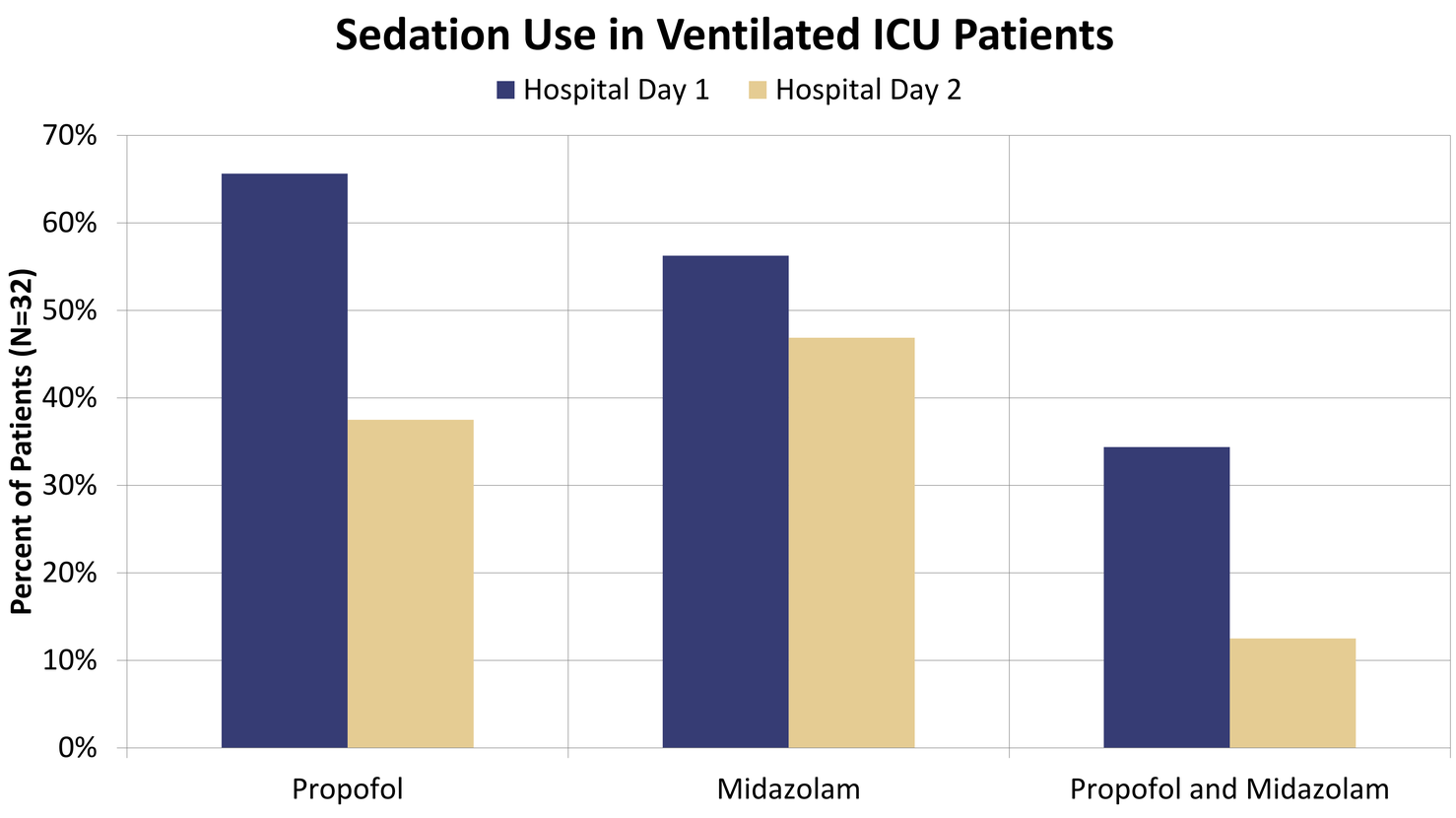
- To determine our Burn Intensive Care Unit (BICU) sedation practices during the resuscitative phase (first forty-eight hours) for intubated burn patients following guideline implementation

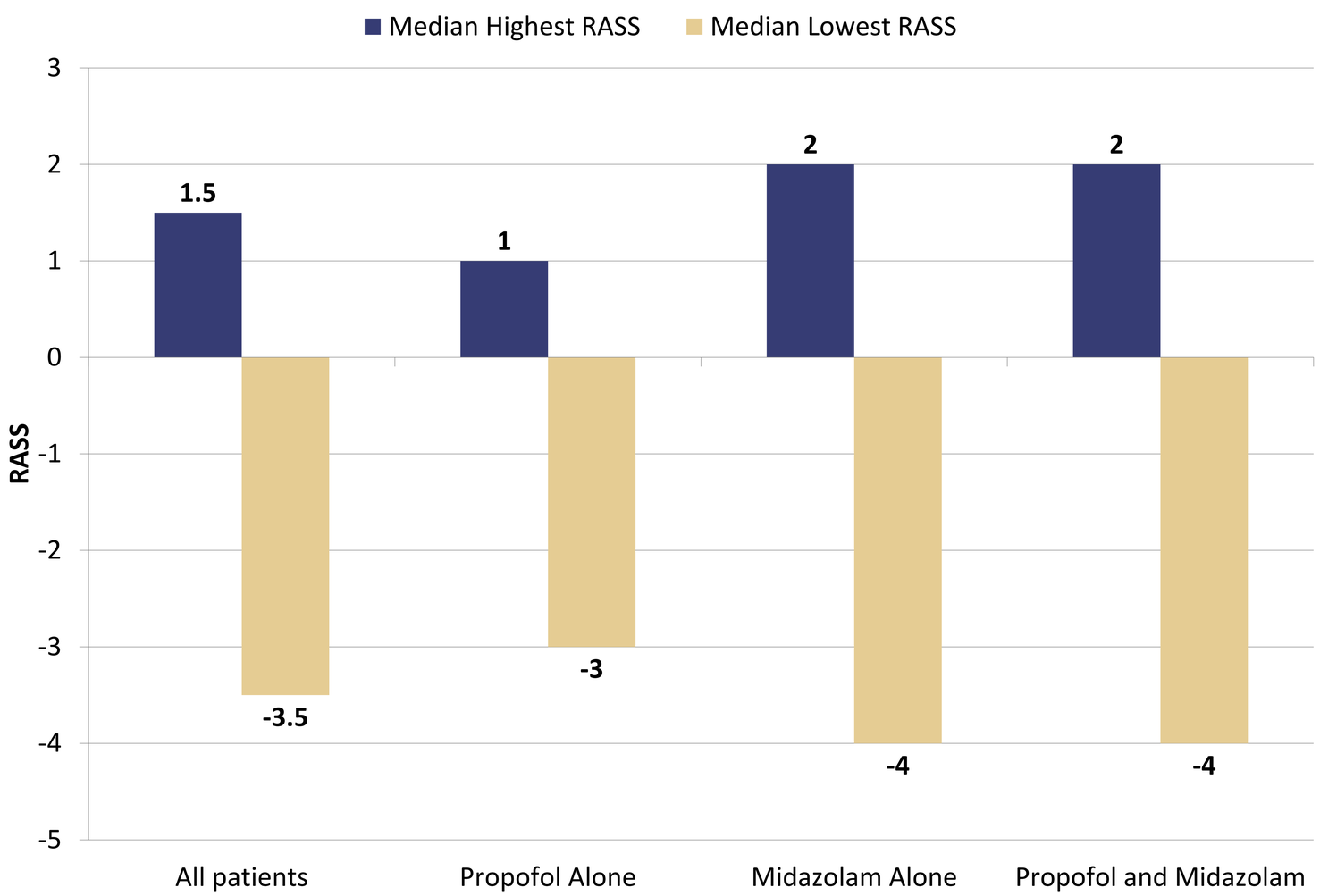
Background:

- Our American Burn Association verified regional burn center admits approximately 200 ICU patients annually
- In 2017 we implemented a sedation protocol to standardize sedation practices
- Concern over hypotension led to the removal of propofol as a sedation agent
- Addition of non-opioid analgesics is recommended
- The Richmond Agitation Sedation Scale (RASS) was used to determine whether patients were over- sedated (RASS<0) or anxious (RASS>1+)

Methods:

- Single center retrospective chart review on intubated patients admitted to the burn intensive care unit from November 2017 through November 2018
- Data collection included sedation practices and patient sedation (RASS) to determine protocol adherence





Results:

- 33 ventilated patients admitted to BICU
- 21 (66%) received propofol on hospital day one, and 12 (38%) received propofol on hospital day two
- In patients receiving both propofol and midazolam, the median respective doses were 230mcg and 5mg on hospital day 1 and 1175mcg and 8.5mg on hospital day 2
- Twenty four (72%) patients had a RASS recorded during their first hospital day
- The absolute value of the median lowest RASS was greater than that of the median highest RASS for all types of sedation

Conclusions:

- **Propofol remains sedative of choice despite elimination in sedation protocol**
- **In patients receiving both propofol and midazolam, propofol remains dominant sedative**
- **Our patients are typically over sedated on hospital day 1**

Disclosures: None