**PAIN**

**Direct:**
- **Ask**
  - Pain scales: numeric, visual analog

**Indirect:**
- **vital signs**

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

**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

**TREAT**
- **causes**
- **Minimize:** procedures, interventions
- **Position:** for comfort
- **Premedicate:** before procedures
- **Optimize:** ventilator mode/settings
- **Continue/restart home medications**

**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 (PCA)**

**TREAT**

**ANXIETY**
- **Prevent and treat pain**
  (everything listed to the left)

**Position:** for comfort

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

**RASS:**
- +4: violent, dangerous
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**TREAT**
- **causes**
- **Minimize:** deliriogenic meds
- **Maintain:** day-night cycle
- **Avoid:** restraints, tubes/lines, noise
- **Optimize:** vision, hearing, mobility
- **Provide reassurance**
- **Have family present**

**DELIRIUM**

**1.** Fluctuating or change in baseline? **yes**
**2.** Inattention? (SAVE A HAART)
**3.** Altered LOC? (check RASS)
**4.** Disorganized? (questions & commands)

**RASS ≠ 0**

**Delirious**

**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

**Typical goal**

**Goal for NMB**

**Typical**

**Atypical**

**Other**

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

**Use non-pharmacologic modalities instead of medications if possible.**

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

**Use non-pharmacologic modalities instead of medications if possible.**

**Typical:** HALDOL
**Atypical:** SEROQUEL
**Other:** MELATONIN

**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.**

**Tap each time you hear an A**

**by Nick Mark MD**

[Link to the most current version →](https://www.painanxietydelirium.com)

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