



Don't deeply sedate mechanically ventilated patients without a specific indication for deep sedation. Daily assessment and attempts to lighten sedation should be done routinely

Many mechanically ventilated ICU patients are deeply sedated as a routine practice despite evidence that using less sedation reduces the duration of mechanical ventilation, ICU and hospital length of stay, and mortality rate. Several protocol-based approaches can safely limit deep sedation, including the explicit titration of sedation to the lightest effective level, the preferential administration of analgesic medications prior to initiating anxiolytics and the performance of daily interruptions of sedation in appropriately selected patients receiving continuous sedative infusions. Although combining these approaches may not improve outcomes compared to one approach alone, each has been shown to improve patient outcomes compared with approaches that provide deeper sedation for ventilated patients.

Devlin JW, Skrobik Y, Gélinas C, et al. Clinical practice guidelines for the prevention and management of pain, agitation/sedation, delirium, immobility, and sleep disruption in adult patients in the icu. Critical Care Medicine. 2018;46(9):e825.

Zimmerman JJ, Harmon LA, Smithburger PL, et al. Choosing wisely for critical care: the next five. Critical Care Medicine. 2021;49(3):472. Accessed 7 June 2022.