Title: Initiating a Pain, Agitation, Delirium Protocol for Patients on Mechanical Ventilation in a Medical-Surgical Intensive Care Unit

Abstract

Background – Patients on mechanical ventilation (MV) require appropriate sedation. Controlling a patient’s pain and sedation can help patients while weaning from MV.

Local problem/objectives of project - The use of a pain, agitation, and delirium (PAD) protocol will be implemented to help minimize sedation and help improve extubation rates.

Methods – Participants of the study include forty-four nurses in the ICU, and thirty-six patients admitted to the MSICU requiring mechanical ventilation (MV). Analyses of quiz scores before and after protocol education was compared using matched t-tests and Pearson’s correlation.

Interventions - Nurses were instructed on use of a modified pain, agitation, and delirium (PAD) protocol using pain and sedation tools during a two-month time period. Nurses were then given a post-implementation survey as access their experience with the protocol.

Results (with statistical significance) – Percent of pain and sedation scores at goal were collected. Pain scores were at goal 83.7% of the time; sedation scores were at goal 86.5% of the time. A post-implementation survey conveyed positive results of the protocol among nursing staff in regards to adequately controlling a patient’s pain and agitation. The use of the CAM-ICU tool was found to be unfavorable and confusing among ICU staff. The standardized utilization ratio (SUR) of MV for patients on the protocol was greater than the SUR of previous years.

Conclusions - The use of the protocol appears to adequately control pain and sedation among patients on MV. However, seems to have a prolonged effect on patient ventilator utilization.