

Congress Update:

The PADIS Guidelines will be presented at the 48th Critical Care Congress on Sunday, February 17, from 11:45 A.M. - 12:45 P.M. in Room: 31 in the session: ACCM Adult Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption (PADIS). Dr. John Devlin will be available immediately after the session in the press room to discuss the guidelines further. Visit sccm.org/PressRoom for more details.

New Guideline for Managing Pain, Agitation, Delirium, Immobility, and Sleep in Critically Ill Adults

New "PADIS" Recommendations Will Guide Care for Frequent Problems in ICU Care

October 1, 2018 – A new guideline provides updated evidence-based recommendations for managing five issues affecting nearly every patient in the intensive care unit: pain, agitation/sedation, delirium, immobility, and sleep disruption (PADIS). The guideline, along with accompanying methods and interpretation/implementation papers, have been published in the September issue of [Critical Care Medicine](#), the official journal of the [Society of Critical Care Medicine \(SCCM\)](#). *Critical Care Medicine* is published in the Lippincott portfolio by [Wolters Kluwer](#).

This PADIS guideline updates and expands the 2013 SCCM Pain, Agitation and Delirium Practice Guideline and reflects an expert interpretation of the best available research data on how these common symptoms of critical illness should be recognized, prevented and treated. The guideline was developed by a multidisciplinary, multinational panel of experts, following an innovative, multifaceted process. To ensure that all recommendations were "patient-centered," input from a group of critical illness survivors was considered at each development step. John W. Devlin, PharmD, FCCM, of Northeastern University and Tufts Medical Center, Boston, served as Chair of the 2018 PADIS Guideline Panel.

SCCM's [ICU Liberation](#) initiative, by promoting the use of the ABCEEF bundle, provides a number of resources focused on boosting the implementation of PADIS guideline recommendations into daily ICU practice.

Guidelines Include 'Evidence to Decision' Recommendations on Key ICU Problems

The PADIS 2018 guideline added two new topics – immobility and sleep disruption – and also focused on evaluating longer-term, post-ICU outcomes. The updated guideline includes 37 "actionable" recommendations, 2 best practice statements and 32 ungraded statements. In addition to the [full guidelines](#), the September issue of *Critical Care Medicine* presents an [executive summary](#) of the updated PADIS recommendations.

"A number of important PAD 2013 guideline recommendations and statements were not updated but should still be followed," Dr. Devlin said. "Importantly, the five sections of the guideline are interrelated and thus the guideline should be considered in its entirety rather than as discrete or distinct recommendations."

The PADIS 2018 guideline includes evidence-based recommendations and discussion of measures targeting prevention and management of:

- **Pain.** The guidelines call for a protocol-based approach to pain assessment and management. They include specific recommendations regarding the use non-opioid analgesics; a multimodal pain treatment approach is an important strategy to reduce opioid use in hospitalized patients. Other recommendations address nondrug approaches to pain management, including massage, music therapy, cold therapy, and relaxation techniques.

- *Agitation/Sedation.* Light sedation is recommended over deep sedation for most ICU patients. The use of propofol or dexmedetomidine is recommended over benzodiazepines in patients requiring continuous sedation. Although physical restraints are commonly used in the United States, the evidence to support their use is very limited.
- *Delirium.* The panel recommends using multicomponent, nonpharmacologic interventions to reduce modifiable factors for delirium in the ICU. Medications are not recommended as a strategy to prevent or treat delirium, unless patients have delirium-associated fear or agitation.
- *Immobility.* Rehabilitation/mobilization interventions are recommended to reduce ICU-acquired muscle weakness due to immobility. Starting and stopping criteria for rehabilitation/mobility are provided.
- *Sleep Disruption.* Multicomponent protocols are recommended to promote in sleep in critically ill adults, including nocturnal strategies to reduce ICU noise/light and volume control ventilator modes. Recommendations regarding the use of medications to improve sleep were not able to be made.

While the PADIS guideline represents best available evidence, the expert panel notes the quality of supporting evidence for the recommendations is moderate at best, and often low to very low. The full guideline document highlights evidence gaps in an effort to define future research priorities across each of the five focus areas of care.

The guidelines are accompanied by an article offering [guidance on interpretation and implementation](#) of the recommendations. "If guideline recommendations and statements are to improve ICU clinical practice, effective knowledge translation and implementation science efforts are critical," write Michele C. Balas, PhD, RN, CCRN-K, FCCM, FAAN, of The Ohio State University, Columbus, and colleagues. While the PADIS 2018 guideline can't answer every question, "It can serve as a comprehensive foundation for discussions on clinical issues that have immediate relevance to patient care."

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About the Society of Critical Care Medicine

The [Society of Critical Care Medicine](#) (SCCM) is the largest nonprofit medical organization dedicated to promoting excellence and consistency in the practice of critical care. With members in more than 100 countries, SCCM is the only organization that represents all professional components of the critical care team. The Society offers a variety of activities that ensures excellence in patient care, education, research, and advocacy. SCCM's mission is to secure the highest quality of care for all critically ill and injured patients. Visit www.sccm.org for more information. Follow [@SCCM](#) or visit us on [Facebook](#).

About Critical Care Medicine

[Critical Care Medicine](#) is the premier peer-reviewed, scientific publication in critical care medicine. Directed to those specialists who treat patients in the intensive care unit and critical care unit, including chest physicians, surgeons, pediatricians, pharmacists, pharmacologists, anesthesiologists, critical care nurses, and other healthcare professionals, *Critical Care Medicine* covers all aspects of acute and emergency care for the critically ill or injured patient. Each issue presents critical care practitioners with clinical breakthroughs that lead to better patient care, the latest news on promising research, and advances in equipment and techniques. Follow [@CritCare Med](#).

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