

Clinical Practice Guidelines for the Prevention and Management of Pain, Anxiety, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU

SYMBOL KEY: Strength of Recommendation
 Strong Recommendation For:
 Conditional Recommendation For:
 Conditional Recommendation Against:
 Strong Recommendation Against:

Certainty of Evidence
 Very Low:
 Low:
 Moderate:
 High:

This infographic visualizes results of a focused update to guidelines previously issued by the Society of Critical Care Medicine (SCCM).

POPULATION: Adult Critically Ill Patients
 (Specific recommendations for pediatric patients are not made.)

<p>P Prevention and Management of Pain</p>	<p>(No updates made to previous guidelines recommendations for pain.)</p>	
<p>A Anxiety, Agitation/Sedation</p>	<p>Insufficient Evidence For explanation, see Full Focused Update Guidelines.</p> <p>Conditional Recommendation For</p> <p></p> <p>Moderate Certainty of Evidence</p> <p> </p>	<p>1. There is insufficient evidence to make a recommendation on the use of benzodiazepines to treat anxiety in adult patients admitted to the ICU.</p> <p>2. We suggest using dexmedetomidine over propofol for sedation in mechanically ventilated adult patients admitted to the ICU where light sedation and/or a reduction in delirium are of highest priorities.</p>
<p>D Delirium</p>	<p>Conditional Recommendation For Intervention or Comparison</p> <p> </p> <p>Low Certainty of Evidence</p> <p> </p>	<p>3. We are unable to issue a recommendation for or against the use of antipsychotics over usual care for the treatment of delirium in adult patients admitted to the ICU.</p>
<p>I Immobility</p>	<p>Conditional Recommendation For</p> <p></p> <p>Moderate Certainty of Evidence</p> <p> </p>	<p>4. We suggest providing enhanced mobilization/rehabilitation over usual care mobilization/rehabilitation to adult patients admitted to the ICU.</p>
<p>S Sleep Disruption</p>	<p>Conditional Recommendation For</p> <p></p> <p>Low Certainty of Evidence</p> <p> </p>	<p>5. We suggest administering melatonin over no melatonin in adult patients admitted to the ICU.</p>

KEY MESSAGES

- Survivors of critical illness often experience profound physical, mental, and cognitive impairments that may persist for years after ICU discharge.
- As reflected in previous SCCM guidelines, compelling evidence indicates that these impairments may be avoided or minimized through the application of evidence-based care practices.