

Reference Number: FOI202425/264
From: Commercial
Date: 24 September 2024
Subject: Sedation monitoring in Intensive Care Units

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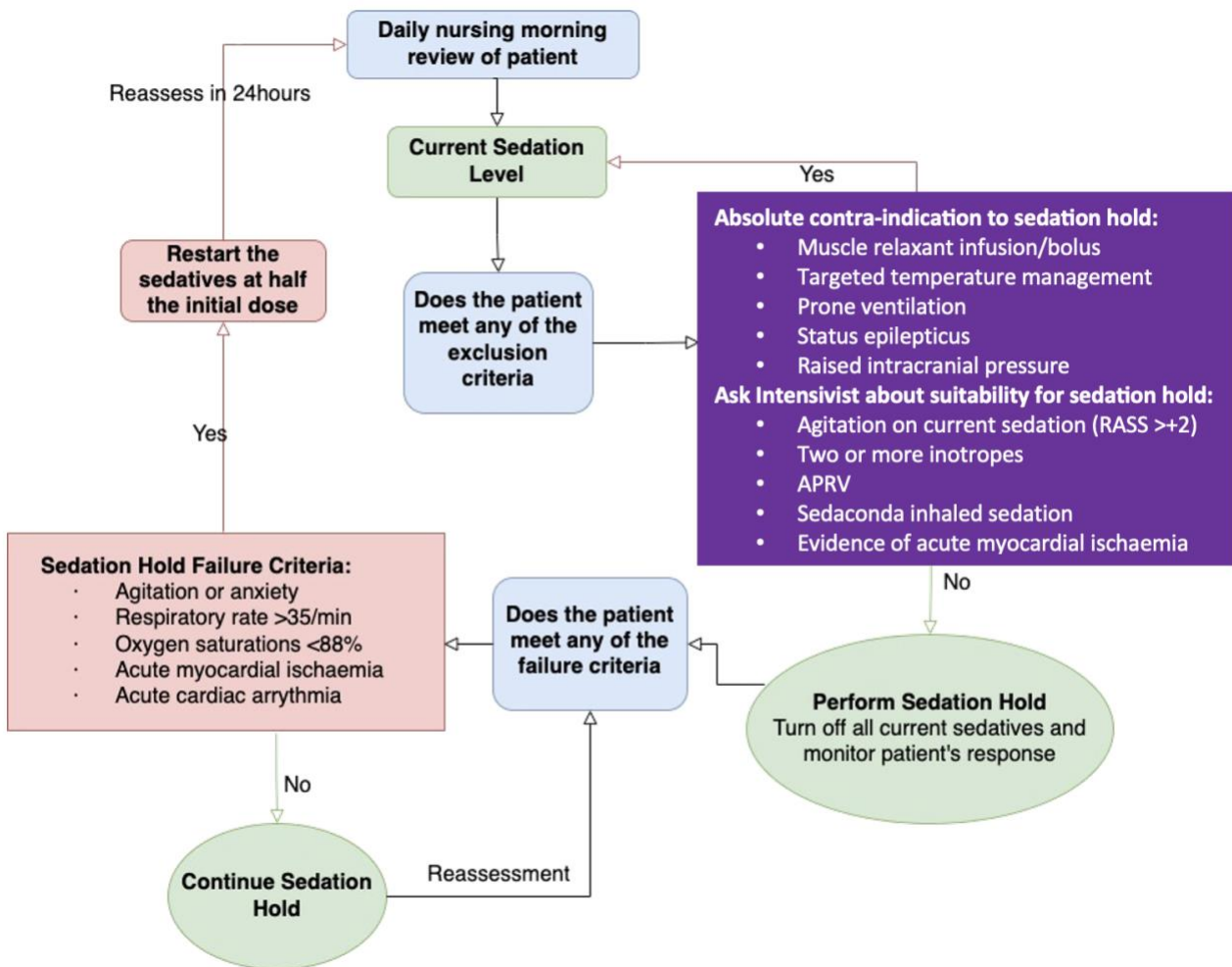
- Q1 What is the percentage of beds occupied by mechanically ventilated patients, for the period April 2023-April 2024?
- A1 47.09%
- Q2 What is the percentage of patients sedated with propofol when mechanically ventilated, for the period April 2023-April 2024?
- A2 46.79%
- Q3 How frequently do you assess sedation level in a mechanically ventilated patient (average number of times per day)? (please can you provide a copy of your trust protocol)
- A3 We assess sedation level from a medical point of view at least once a day on the ICU morning ward round using RASS score. We may also review the sedation level again on the afternoon ward round. From a nursing point of view the level of sedation is assessed and recorded on an hourly basis on our ICU charts.
Please see attached - *Daily Sedation Hold Protocol*
- Q4 How frequently do you undertake sedation hold in a mechanically ventilated patient (average number of times per day)?
- A4 On average once a day using a nurse led sedation protocol.
Please see attached - *Daily Sedation Hold Protocol*
- Q5 Do you have a recommended daily sedation target / sedation depth target / optimum sedation target for mechanically ventilated patient?
- A5 In the majority of patients we would target a RASS of 0 to -2. In some patients e.g. open chest we would target a RASS of -4 but that would be specified by the managing Consultant.
- Q6 If yes, what measures are put in place to meet this target?
- A6 Specified targets in the ICU daily review and the nurse led sedation break policy. We are also creating a formal sedation policy for the unit.
- Q7 What is the incidence of delirium in mechanically ventilated patients?
- A7 8 patients 01/04/23 - 01/04/2024

- Q8 How many times has the ICU reached critical capacity and elective activity has been impacted and had to be cancelled, for the period April 2023-April 2024?
- A8 16 days ICU reached capacity where elective activity was cancelled.
31 Elective patients cancelled.
- Q9 What is the percentage / number of registered ICU nurse(s) from bank/agency on any one shift?
- A9 3.02%
- Q10 What is the average monthly spend on bank / agency ICU registered nurse(s), for the period April 2023-April 2024?
- A10 Bank £67.6K and Agency £3,9K

Daily Sedation Hold Protocol

Ideally patients should be on the minimum sedation necessary to keep them comfortable, by assessing the level of sedation (ideally a **RASS score of -2 to 0**) and titrating the rates of sedation. Interrupting continuous sedation with **daily breaks**, reduces accumulation of sedative drugs, and there is a strong association between optimisation of sedation and reduced duration of mechanical ventilation and length of critical care stay. Trials have also shown that mortality is lower amongst patients who undergo daily sedation breaks in comparison to those who had no breaks.

Ideally intubated and ventilated patients should have a daily nurse led sedation hold as per the following pathway:



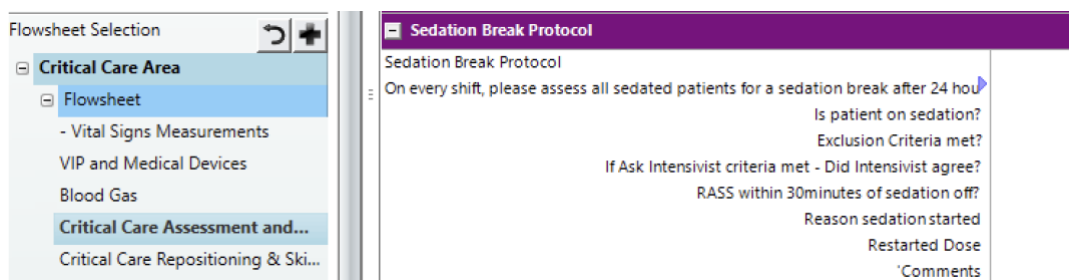
The sedation holds should be performed as part of the nursing routine care and not wait for the medical ward round to be advised or prescribed. If the patients meet any of the contra-indications to sedation holds then follow the flow chart and a sedation hold is not performed. If any of the “Ask Intensivist” criteria are met then please ask them as early as possible in the shift and do not delay until their ward round of your bedspace, to allow early sedation holds especially if the unit is busy.

By restarting on half the amount of sedation pre-sedation hold this reduces the overall sedation dose and complications such as delirium and iatrogenic withdrawal (withdrawal from the sedation the patient had been on) and allows daily titration of sedation.

Liaise with the Team Leaders at the start of the shift to arrange the timing of your sedation hold.

New Flowsheet Changes for Sedation Hold Documentation

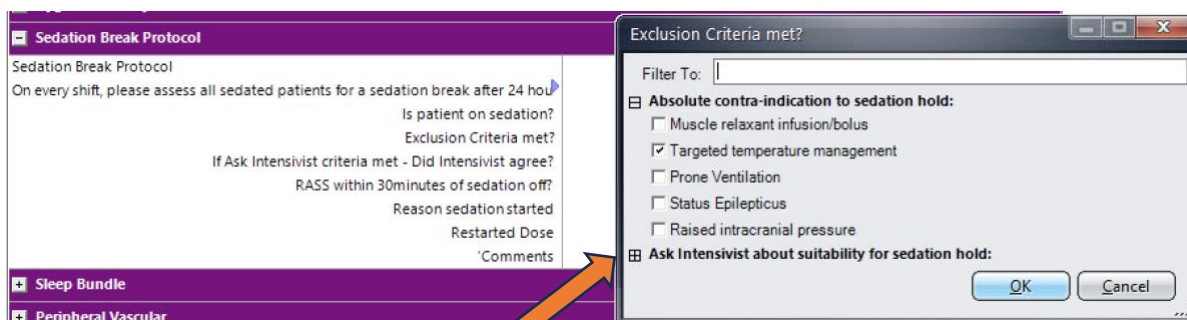
In the Critical Care Assessment and Care 2018 Flowsheet there is the Sedation Break Protocol Section which has been updated to reflect the change in protocol:



Please assess and complete this for every patient near the beginning of the shift so you can liaise with the Team Leaders as to timing of your sedation hold.

The question – “Is patient on sedation?” – please answer **Yes** if they are on either IV sedation infusions or inhaled Sedaconda and then continue to complete the rest of the assessment. If they are not on sedation then you can answer **No** and move on to other assessments

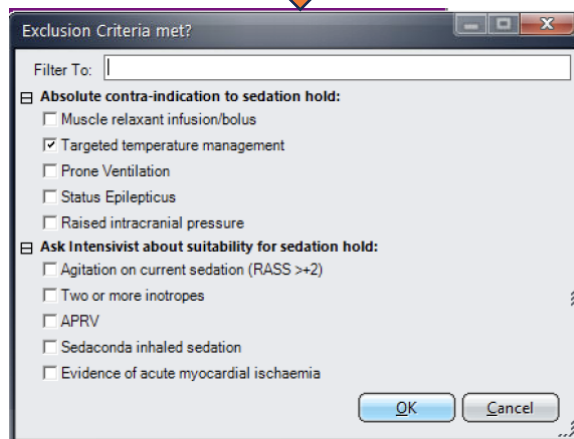
The exclusion criteria from the diagram overlaid now appear in the pop up box below:



You may have to click on the plus sign next to the “Ask Intensivist about suitability for sedation hold:” to open the second group of criteria.

If the patient meets any of these please ask the Intensivist on that day as soon as possible if they are happy for the sedation hold in that patient, not just when they review your patient on the round.

After the sedation hold complete the other elements of the flowsheet including RASS at 30minutes off sedation and Reason Sedation Restarted and the dose restarted at.



Please also document the results of the sedation hold in your Critical Care Nurse Summary in the Neurological Section as this will help us look at trends in the patients sedation hold behaviour and how to better optimise their holds and sedation.