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Targeting Sedation for Ventilator Synchrony: COVID-19 Clinical Practice Guideline

- Initially target RASS -2 to -3
- Maintain deep sedation immediately post-intubation while paralyzed (assume 60 minutes for Rocuronium, 10 minutes for succinylcholine)
- Preferred initial sedation regimen:
    - Intermittent sedation preferred for initial sedation modality
    - Fentanyl (boluses +/- infusion) + propofol: target analgesia first while decreasing sedative requirements
    - Measure triglycerides and lipase every third day on propofol or earlier if other reasons for hypertriglyceridemia
    - Adjunct agent: Midazolam
    - Use dexmedetomidine when nearing extubation

- Target ventilator synchrony: Ventilator-induced lung injury (VILI) is common in patients who are not synchronous with the ventilator and can cause significant lasting damage
- Once at target RASS after paralytics have worn off, assess patient synchrony with the ventilator (e.g., signs of breath stacking, double triggering, other ventilator alarms)
- Titrate sedatives/analgesics to ventilator synchrony allowing for deeper RASS.
- If patient remains dyssynchronous despite deep sedation (RASS -5), initiate continuous paralytics (ensure BIS 40 to 60 prior to initiating and during paralysis)

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