



# ABCDEF Bundle ICU Liberation

Critical Care – Less is More



## Assess, prevent & manage pain

- CPOT or BPS to assess pain, insure adequate pain control
- Use of regional anesthesia and nonopioid adjuncts
- Analgesia-based sedation techniques with fentanyl



### **Both SAT & SBT**

- Daily linked SAT and SBT
- Multidisciplinary coordination of care
- Faster liberation from MV



### Choice of sedation

- · Targeted light sedation when sedation necessary
- Avoidance of benzodiazepines
- · Dexmedetomidine if high delirium risk, cardiac surgery, MV weaning



# **Delirium monitoring & management**

- Routine CAM-ICU or ICDSC assessments
- Nonpharmacologic intervention, including sleep hygiene
- Dexmedetomidine or antipsychotic if hyperactive symptoms



### Early mobility & exercise

- Physical and occupational therapy assessment
- · Coordinate activity with SAT or periods of no sedation
- Progress through range of motion, sitting, standing, walking, ADLs

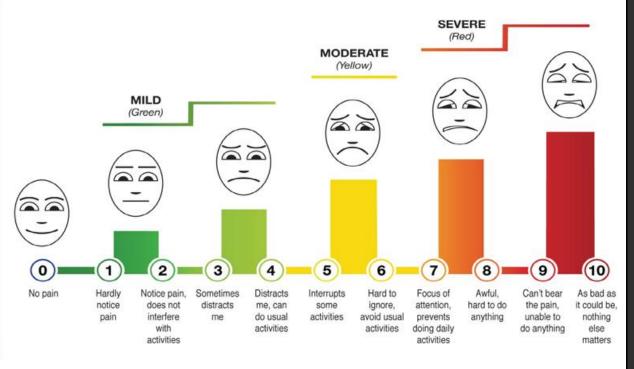


### Family engagement & empowerment

- Reorientation, provision of emotional and verbal support
- Cognitive stimulation, participation in mobilization
- · Participation in multidisciplinary rounds

### Critical-Care Pain Observation Tool (CPOT)

Indicator	Description	Score	
Facial expression	No muscular tension observed	Relaxed, neutral	0
	Presence of frowning, brow lowering, orbit tightening, and levator contraction	Tense	1
	All of the above facial movements plus eyelid tightly closed	Grimacing	2
Body movements	Does not move at all (does not necessarily mean absence of pain)	Absence of movements	0
	Slow, cautious movements, touching or rubbing the pain site, seeking attention through movements	Protection	1
	Pulling tube, attempting to sit up, moving limbs/ thrashing, not following commands, striking at staff, trying to climb out of bed	Restlessness	2
Muscle tension	No resistance to passive movements	Relaxed	0
Evaluation by passive	Resistance to passive movements	Tense, rigid	1
flexion and extension of upper extremities	Strong resistance to passive movements, inability to complete them	Very tense or rigid	2
Compliance with the ventilator (intubated	Alarms not activated, easy ventilation	Tolerating ventilator or movement	0
patients)	Alarms stop spontaneously	Coughing but tolerating	1
	Asynchrony: blocking ventilation, alarms frequently activated	Fighting ventilator	2
or	Marie Control of Contr		
Vocalization (extubated patients)	Talking in normal tone or no sound	Talking in normal tone or no sound	C
	Sighing, moaning	Sighing, moaning	1
	Crying out, sobbing	Crying out, sobbing	2
Total, range	Sum each category		)-8

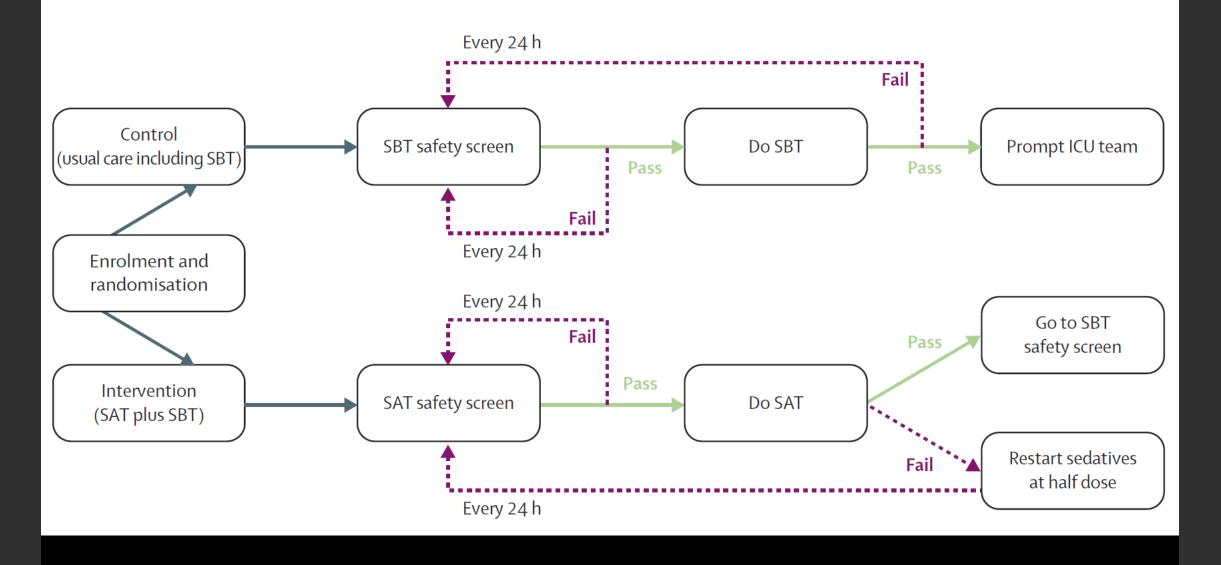


Gélinas C, et al. Am J Crit Care 2006; 15:420-427. Gélinas C, et al. Clin J Pain 2007; 23:497-505.

# A: Assess, Prevent, & Manage Pain

Drug	Loading Dose	Maintenance dose range	Onset (minutes)	<b>Duration of intermittent dose</b>
Fentanyl	1 - 2 mcg/kg (25 - 100 mcg)	0.5 mcg/kg q 30 - 60 min or Infusion	1 - 2 minutes	30 to 60 minutes
Hydromorphone (Dilaudid)	0.5 to 2 mg	0.2 to 0.6 mg q 1-2 hours	5 -10 minutes	4 - 5 Hours
Morphine	2 - 10 mg	2  to  4  mg q  1-2  hours	5 -10 minutes	4 - 5 Hours
Acetaminophen (Tylenol)	N/A	650 mg q4h - 1000 mg q6h - Max 3-4 GM/day	PO: 30 - 60 minutes IV: 5 - 10 minutes	4 - 5 Hours
Ibuprofen (Motrin, Caldolor)	None	400 mg IV or PO q4h - Max 2400 mg/day	30 minutes	4 - 5 Hours
Neurontin (Gabapentin)	None	Begin 100 mg q8h, titrate daily	Variable	6-8 Hours

# A: Assess, Prevent, & Manage Pain



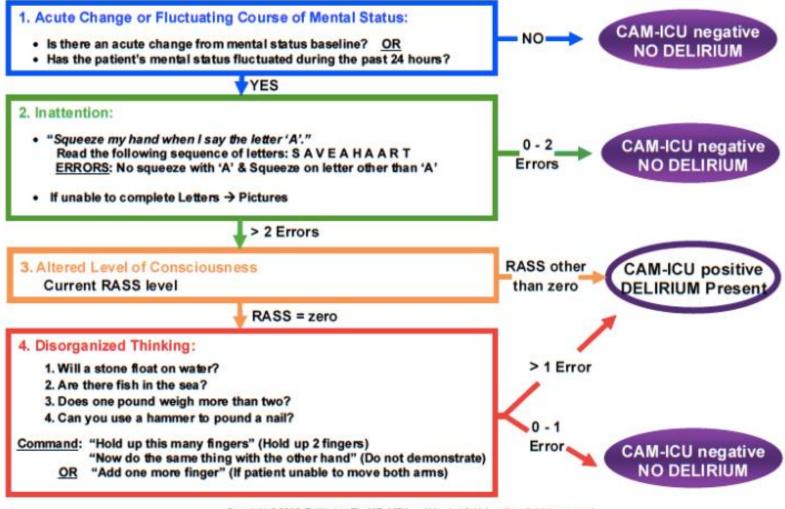
# B: Both SAT & SBT

Medication	Loading Dose	Maintenance Dose Range	Onset (Minutes)	Duration of Intermittent Dose (Minutes)
Propofol	N/A	Begin 5-10 mcg/kg/min - titrate q5-10 min up to 70 mcg/kg/min	1-2 minutes	3-10 minutes
Dexmeditomidine	0.5 to 1 mcg/kg over 30 minutes	Begin 0.2 mcg/kg/hr, titrate q30 min up to 1.5 mcg/kg/hr	5-10 min with loading dose, 15 minutes without loading	60 to 120 minutes
Midazolam	$0.5 \ \mathrm{to} \ 4 \ \mathrm{mg \ IV}$	2 to 8 mg/hr infusion	2 to 5 minutes	30 minutes
Ketamine	0.1 to 0.5 mg/kg	0.05 to $0.4$ mg/kg/hr	< 1 minute	10 - 15 minutes

# C: Choice of Sedation

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### Confusion Assessment Method for the ICU (CAM-ICU) Flowsheet



Delirium -Assess, Prevent, Manage

# E: Early & Mobility & Exercise

# **WVU**Medicine

### Highest Level of Mobility Score

AMPAC Score	JH-HLM Scale			Yesterday's Score	Today'a Goal	Today's Score
24	8	Walked 250 feet	1			
22-23	7	Walked 25 feet	*			
18-21	6	Walked 10 steps	<b>→</b>			
16-17	5	Static standing > 1 minute				
10-15	4	Transferred to chair/ commode	À			
8-8	3	Sat on edge of bed				
6-7	2	Turned Self in Bed/ ROM				
	1	Lying in bed				

# ICU Diaries

Family involvement on rounds

Family presence during code events

F: Family engagement & empowerment

TABLE 2. Outcomes for Patients With Complete (vs Incomplete) ABCDEF Bundle Performance: Data are Adjusted Hazard Ratios (AHRs) and Adjusted Odds Ratios (AORs)

Outcomes	Complete Bundle Performance	p Value
Patient-Related Outcomes	AHR (95% CI)	
ICU discharge <sup>a</sup>	1.17 (1.05-1.30)	< 0.004
Hospital discharge <sup>b</sup>	1.19 (1.01-1.40)	< 0.033
Death <sup>c</sup>	0.32 (0.17-0.62)	< 0.001
Symptom-Related Outcomes <sup>d</sup>	AOR (95%CI)	
Mechanical ventilation	0.28 (0.22-0.36)	< 0.0001
Coma	0.35 (0.22-0.56)	< 0.0001
Delirium	0.60 (0.49-0.72)	< 0.0001
Significant pain	1.03 (0.88-1.21)	0.7000
Physical restraints	0.37 (0.30-0.46)	< 0.0001
System-Related Outcomes	Adjusted OR (95%CI)	
ICU readmission <sup>e</sup>	0.54 (037-0.79)	< 0.001
Discharge destinationf	0.64 (0.51-0.80)	< 0.001

