

Plateau Phase

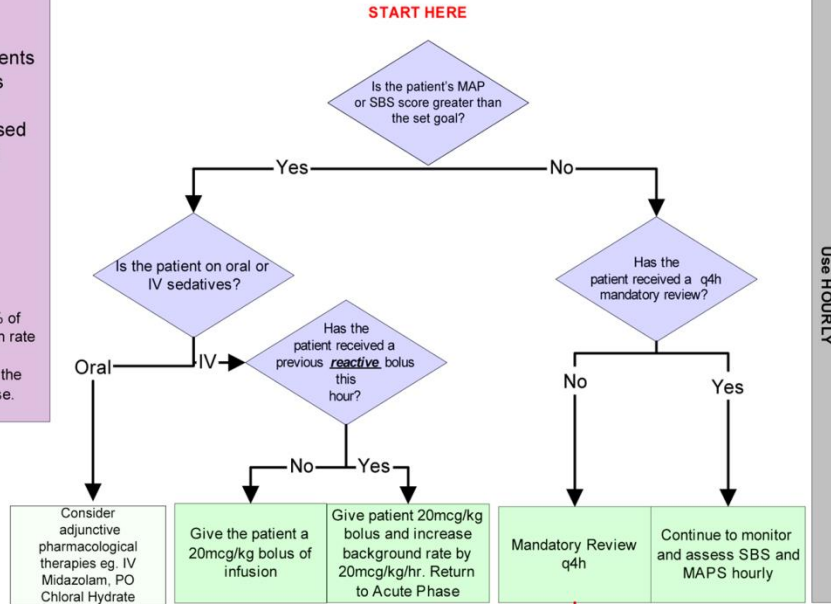
DEFINITION:

Patient stable, acute treatments completed, illness/injury has reached it's peak.
Eg. Sepsis resolving, stabilised ventilatory requirements, HI being rewarmed.

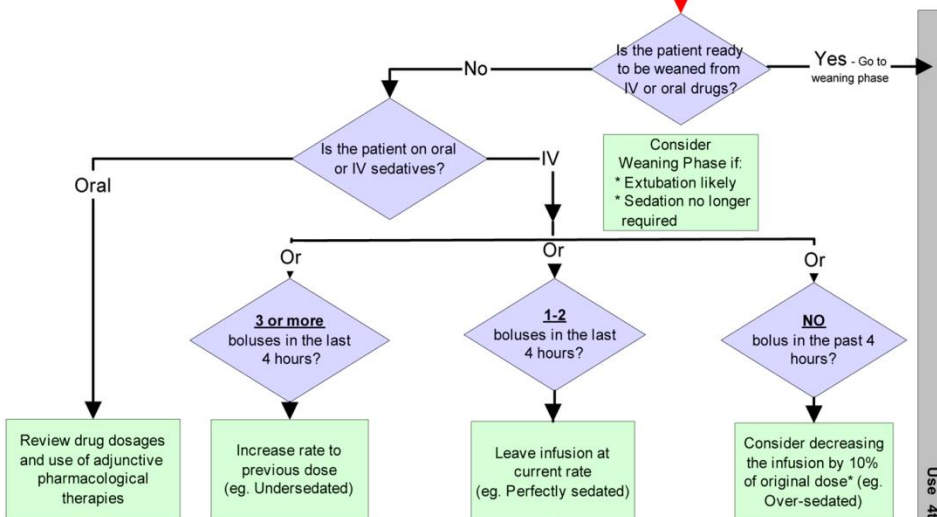
GOALS:

Sedation: SBS -1 to +1
Pain: MAPS 0 to 3

* When titrating the IV infusion, 10% of original dose means 10% of infusion rate when first reduction made.
If patient returns to theatre whilst in the plateau phase, return to Acute Phase.



Use HOURLY



Use 4h HOURLY

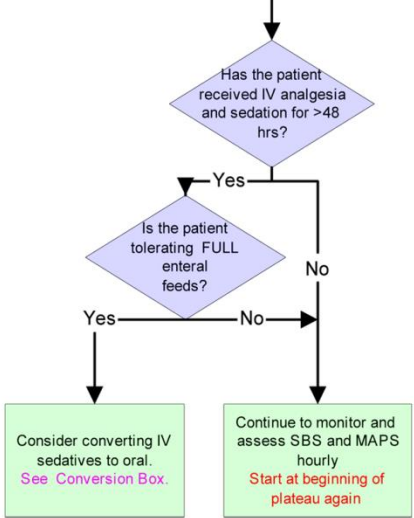
Consider amount of adjunct therapies also being used ie. Chloral Hydrate, Clonidine etc. prior to conversion.

IV Midazolam to Oral Diazepam Conversion
Total mg/24hrs of IV midazolam (incl boluses)divided by 2 = Total mg/24hr of PO diazepam (initially divided q6h, then b.d.) Maximum diazepam dose SHOULD NOT EXCEED 0.1mg/kg/dose (total =40mg/day).

IV Morphine to Oral Methadone Conversion
Total mg/24hrs of IV morphine (incl boluses)times by 1 = Total mg/24hrs of PO methadone (initially divided q6h, then b.d.) Maximum methadone dose SHOULD NOT EXCEED 0.2mg/kg/dose (total =80mg/day)

Alternate/stagger Diazepam and Methadone administration times.

Conversion from IV to Oral Sedatives and Analgesics
Decrease IV morphine & midazolam by 50% with second dose of methadone & diazepam.
Discontinue IV morphine & midazolam withthird dose of methadone & diazepam.



Use 4h HOURLY