Challenges with sedation of patients with COVID-19 in the ICU

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ATS COVID-19 Critical Care Training Forum
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Disclosures

• None
Learning Objectives

• Select the best sedative agent for each individual patient/situation

• Identify “unpopular” drugs that can be helpful during COVID (and probably not forgotten ever again)

• Identify the medications at highest risk of shortage

• Identifying post-extubation challenges
Agent selection

- Etiology of respiratory distress
  - Association of pain, anxiety and delirium
- Expected duration of mechanical ventilation
  - Shorter – propofol
  - Longer – benzos
- Nonpharmacological strategies
- COVID: patients requiring MV for longer than expected; inability to provide some of the proven nonpharmacological therapies
Remember the “unpopular” drugs

• Ketamine
  • Potent sedative with marked analgesia
  • Minimal hemodynamic effect
  • Dissociative experiences – prevented with benzos

• Haldol
  • Moderate sedation through dopamine2 antagonism
  • Boluses versus drip
Remember the “unpopular” drugs

- **NSAIDS**
  - Remember agitation and delirium can be due to pain
  - No solid evidence that they must be avoided in COVID

- **Phenobarbital**
  - May cause bradycardia and hypotension
  - Half life is about 70 hours

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Medication Shortage

- Likely unique to each hospital/regional practices
- Communicate with the pharmacists at your hospital frequently.
Post-extubation challenges

- Weakness
  - Secondary to prolonged intubation/paralysis
- Nutrition
  - Dysphagia
  - Elevation of triglycerides in acute infections
Questions & Discussion
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