



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

Alice Gallo de Moraes, MD, FACP  
@gallodemoraesMD

ATS COVID-19 Critical Care Training Forum

@gallodemoraesMD

# 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 dopamine<sub>2</sub> 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

# 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

@gallodemoraesMD

[gallodemoraes.alice@mayo.edu](mailto:gallodemoraes.alice@mayo.edu)

@gallodemoraesMD