

Use of sedating drugs and neuromuscular blocking agents in patients requiring mechanical ventilation for respiratory failure: a national survey.

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Use of Sedating Drugs and Neuromuscular Blocking Agents in Patients Requiring Mechanical Ventilation for Respiratory Failure A National Survey

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JAMA. 1991;266(20):2870-2875. doi:10.1001/jama.1991.03470200082040

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Abstract

Objective. –To assess current use of sedating drugs and neuromuscular blocking agents in patients requiring mechanical ventilation at US hospitals that participate in the training of pulmonary fellows.

Design. –Surveys were mailed in September 1990 to the head nurses of medical intensive care units at 265 US hospitals that were listed in an annual guide listing pulmonary fellowship training programs. In the survey, sedating drugs were defined as medications prescribed to treat anxiety, agitation, or sleeplessness. These included opiates, anesthetics, or neuroleptic agents when used for any of these purposes.

Survey Respondents. –Surveys were received from nurses at 164 hospitals (62% response rate) representing 93 medical schools and 100 pulmonary fellowship training programs. Nearly half of the respondents worked at university hospitals. Most worked as head nurses in medical (70%) or medical-surgical (21%) intensive care units (ICUs).

Results. –Sedating drugs were given to patients undergoing mechanical ventilation at virtually all the ICUs surveyed, and 36% used these drugs routinely (>70% of patients). Opiates and benzodiazepines were employed most commonly; haloperidol lactate was widely used as well. Intermittent intravenous injection was the preferred method of administration; 62% of the ICUs also gave these drugs by continuous intravenous infusion. Neuromuscular blocking agents were also used at nearly all the ICUs surveyed; however, most gave these drugs to fewer than 20% of patients experiencing respiratory failure. Orders for the use of sedating drugs and neuromuscular blocking agents were written exclusively by house staff at 65% of the ICUs surveyed.

Conclusions. –Sedating drugs and neuromuscular blocking agents are widely used for patients requiring mechanical ventilation in ICUs at US teaching hospitals. There is considerable variation in the choice, frequency, and method of administration. Given the expense (up to \$1000 a day) and the potential hazards to patients of prolonged deep sedation and paralysis, more research is warranted to determine optimal use of these drugs during mechanical ventilation.(*JAMA*. 1991;266:2870-2875)

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