**Dexmedetomidine (Precedex) Orders for Critical Care Patients**

**Inclusion Criteria:** Precedex is formulary restricted to patients in the ICU who meet one of the following indications (SELECT ONE):
- Intubated, mechanically ventilated neurocritical care patients
- Failure to achieve desired level of sedation DESPITE maximum propofol dose (propofol infusion ≥ 50 mcg/kg/min)
- Intolerance to propofol (ie, hypertriglyceridemia)
- Alcohol withdrawal syndrome refractory to standard therapies

**Exclusion Criteria:**
- Pre-existing heart block
- Bradycardia with HR < 60 beats/min
- MAP < 60 mmHg, despite vasopressors

**Use with caution in patients with:**
- Severe ventricular dysfunction
- Hypovolemia
- Co-administration of a beta-blocker
- For patients with hepatic dysfunction - dose reduction may be necessary
  - Consider reducing dose by 25% in mild hepatic dysfunction (Child-Pugh class A) and by 50% in moderate-severe hepatic dysfunction (Child-Pugh class B or C)

**Dexmedetomidine (Precedex)** 400 microgram/100 mL 0.9% NaCl (4 microgram/mL)

- **Loading dose:** _____ microgram/kg IV over 10 minutes (Maximum 1 microgram/kg)
  - For hemodynamically unstable patients or patients ≥ 65 years of age:
    - Reduce loading dose to 0.5 microgram/kg and administer over 30 minutes
  - Start infusion at 0.2 mcg/kg/hour
  - Titrate by 0.1 microgram/kg/hour Q 30 minutes PRN to achieve a Modified Ramsey Sedation Score of 2-3.
  - Maximum dose 1.5 microgram/kg/hour

**If SBP < 90 mmHg or MAP < 60 mmHg or HR < 60 beats/min:**
- Decrease infusion rate by ½ and notify MD

**If SBP < 80 mmHg or MAP < 50 mmHg or HR < 50 beats/min:**
- Stop infusion and notify MD

**Procedure:**
- Wean and discontinue continuous sedative and analgesia infusions while on dexmedetomidine
- For intubated, mechanically ventilated patients:
  - Proceed with weaning trials when patient qualifies per “Weaning from Mechanical Ventilation Protocol” (may wean while patient on dexmedetomidine)
  - Discontinue dexmedetomidine infusion within 1 hr after extubation

**Notify MD:**
- For sedation and analgesia orders if dexmedetomidine is discontinued prior to extubation, if applicable
- If agitation continues at maximum dose of dexmedetomidine

**Clinical Pearls:**
- Dexmedetomidine provides some analgesic effects; patient may require decreased doses of narcotics
- Dexmedetomidine possesses no amnestic properties
- Due to effects on hemodynamics there may be an increased need for vasopressors or external pacing compared to standard therapies

**MD Signature:** __________________________ Date: __________ Time: __________

**RN Signature:** __________________________ Date: __________ Time: __________