

Bispectral Index (BIS) Monitoring Standard of Practice- ICU

Indications for Use:

1. All patients that are receiving neuromuscular blockade

Sedation will not be discontinued on any patient with neuromuscular blockade based solely on BIS monitor readings

This does not replace Train Of Four (TOF) monitoring. TOF monitoring should still be completed to determine the degree of NMB.

BIS Sedation target range of 45-60, unless specifically ordered by physician.

2. All Patients in a Barbiturate Coma.

BIS Sedation target range of <15, unless specifically ordered by physician.

3. Aggressive Ventilator Therapy Requiring Deep Sedation on Propofol

A BIS sedation level between 45-60 will be maintained, for deeper sedation on patients requiring aggressive ventilatory management or if specifically ordered by a physician.

4. Moderate or deep sedation for bedside procedures.

BIS target range of 45-60.

5. Adjunct neurological assessment for the patient with questionable responsiveness.

6. End of life

Assessment of sedation level, with a BIS target range of 45-60.

Documentation Standards:

1. **If BIS index is outside 45-70 range**, BIS index will be documented Q1hr, along with SQI and EMG scores.

2. **Once BIS index is between the target range for two consecutive hours *without* sedation changes**, documentation may be advanced to Q2 hr, along with SQI and EMG scores.

3. **Change BIS sensor Q 24 hours as recommended.**

Physician Notification:

1. **Notify physician** for consistently low BIS readings (<40) and low levels of sedation.

