

# **Implementation of a protocol to control pain, agitation and delirium in the patients admitted to intensive care unit with opioid drug dependency: A feasibility study.**

Fard, Gonar Sabetian; Zand, Farid; Khalili, Fatemeh

## **Abstract**

**Background:** Pain, Agitation and Delirium (PAD) are common in critically ill patients admitted in Intensive Care Units (ICU) being reported in 15-80% of the patients. Control of agitation and delirium in critically ill patients is somehow different and hard to achieve in patients with drug abuse and opium addiction.

**Aim:** We hypothesized if a protocol could be designed and implemented to concomitantly control Pain, Agitation and Delirium (PAD) and prevent withdrawal signs in this population during ICU admission.

**Methods:** This prospective cross-sectional study. A multidisciplinary team designed the protocol. We included a total number of 30 critically ill patients during the study period. We included adult patients (> 18 years) who were opium dependent and used drugs daily and had uncontrolled behaviors of drug consumption and reportedly had withdrawal symptoms. Methadone was used to prevent withdrawal syndrome and pain was assessed hourly, by Behavioural Pain Scale and controlled by morphine or fentanyl. Level of sedation was also assessed hourly, by Richmond Agitation-Sedation Scale and controlled by midazolam or propofol, according to the protocol. Delirium was checked by Confusion Assessment Method for ICU, once in every working shift.

**Results:** Patients were recruited during an eight months period in 2 mixed medical-surgical ICU's. The protocol was effective to completely prevent the withdrawal syndrome in 24 patients (80%). The average need to methadone was 14.5 +/- 22.2 mg in the patients. The pain, sedation and delirium were evaluated and documented by the staff in 97%, 98% and 56% of situations, respectively. Pain and sedation scores were within acceptable limits in 93% and 98% of occasions, respectively. Delirium occurred in 2 patients during the ICU stay.

**Keywords:** control pain, agitation, delirium opioid drug dependency