

EVALUATION OF A PROTOCOL TO GUIDE
DEXMEDETOMIDINE USE IN

INTENSIVE CARE UNIT (ICU) PATIENTS (B3), Jens Frisvold, Melissa Ranney, Franciscan Health System, Tacoma, WA (jensfrisvold@fhshealth.org) IRB approval not needed.

The use of the sedative agent, dexmedetomidine, has expanded beyond Franciscan Health System's originally approved indication to wean ICU patients from mechanical ventilation. There has been increased use in the treatment of alcohol withdrawal and sedation of non-ventilated ICU patients. This study examined our current use of dexmedetomidine and the associated cost through a drug use evaluation (DUE). The results were used to educate staff and redesign our dexmedetomidine protocol with the goal of decreasing dexmedetomidine use. The retrospective DUE found 61 patients received dexmedetomidine during the three-month period of April 2008 through June 2008. Data was collected through review of electronic and paper medical records. Of the 61 patients, 12 were started on dexmedetomidine for the treatment of alcohol withdrawal while 19 started with the intent of weaning from mechanical ventilation. The average duration of use was 48 hours, the average infusion rate was 0.64 mcg/kg/hr and our average maximal infusion rate was 0.96 mcg/kg/hr. The cost associated with dexmedetomidine use during this three-month period totalled 72,705 dollars. The protocol is currently being rewritten based on these results. Another DUE will be performed to evaluate the

effectiveness of the new protocol. Results and conclusions will be presented at the meeting.