

Place Patient Sticker Once on Protocol

ORIGIN ICU:

☐ CTICU ☐ PICU

# OPIOIDS

FORM NOT PART OF  
MEDICAL RECORDS

1. **SUSTAINED OPIOID DRIP DOSE:** Fentanyl Hydromorphone Morphine Dose \_\_\_\_\_

2. **CONVERT TO WEANING MEDICATION:**

☐ Methadone (preferred for HIGH & VERY HIGH risk patients able to take enteral medications)

OR ☐ Hydromorphone (preferred for MODERATE risk patients or those who cannot take enteral medications)

3. **CHOOSE RISK CATEGORY (Check One):**

☐ **Moderate:** 5-7 days on continuous opioids, wean 20% of the original daily dose **DAILY**

☐ **High:** 8-30 days on continuous opioids, wean 20% of the original daily dose **EVERY OTHER DAY**

☐ **Very High:** >30 days on continuous opioids, wean 10% of the original daily dose **EVERY OTHER DAY**

4. **DETERMINE WEAN SCHEDULE:** Browse to <https://wpp.chla.org/> and enter patient's information as above.

5. **PRINT OUT WEANING SCHEDULE AND STAPLE TO THESE WORKSHEETS.**

\* Consider holding wean for **persistent** WAT Scores  $\geq 4$  **and**  $>2$  above baseline or  $\geq 3$  PRN doses per day. Too many PRN's may imply either new pain or delirium. Do NOT wean PRN doses except in VERY HIGH RISK patients after 5<sup>th</sup> wean.

6. **IF ABORTING PROTOCOL (Pt to OR, etc) PLEASE INDICATE DATE AND REASON BELOW & RETURN TO MANAGER.**

DATE: \_\_\_\_\_ REASON FOR STOPPING PROTOCOL: \_\_\_\_\_ (e.g., pat had surgery, etc)

DATE OF ROUNDS	DECISION MADE DURING ROUNDS (check appropriate circle EACH DAY)	COMMENTS FOR 24 HRS: (e.g., PRN's not effective, convert to methadone etc)	WAT-1 SCORES 24 HRS POST ROUNDS:				# of Opioid PRN's
			1200	1800	0000	0600	
	PRE-WEAN BASELINE WAT-1 INITIATED						
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☐ CTICU ☐ PICU

# **BENZODIAZEPINE**

**FORM NOT PART OF  
MEDICAL RECORDS**

**1. SUSTAINED BENZODIAZEPINE DOSE:** Lorazepam Midazolam Dose \_\_\_\_\_

**2. CONVERT TO WEANING MEDICATION:**

☐ Lorazepam (IV & PO lorazepam are 1:1 in potency)

**3. CHOOSE RISK CATEGORY (Check One):**

- ☐ **Moderate:** 5-7 days on continuous benzodiazepine, wean 20% of the original daily dose **DAILY**.  
☐ **High:** 8-30 days on continuous benzodiazepine, wean 20% of the original daily dose **EVERY OTHER DAY**.  
☐ **Very High:** >30 days on continuous benzodiazepine, wean 10% of the original daily dose **EVERY OTHER DAY**.

**4. DETERMINE WEAN SCHEDULE:** Browse to <https://wpp.chla.org/> and enter patient's information as above.

**5. PRINT OUT WEANING SCHEDULE AND STAPLE TO THESE WORKSHEETS.**

\* Consider holding wean for **persistent** WAT Scores  $\geq 4$  **and**  $>2$  above baseline or  $\geq 3$  PRN doses per day. Too many PRN's may imply either new pain or delirium. Do NOT wean PRN doses except in VERY HIGH RISK patients after 5<sup>th</sup> wean.

**6. IF ABORTING PROTOCOL (Pt to OR, etc) PLEASE INDICATE DATE AND REASON BELOW & RETURN TO MANAGER.**

DATE: \_\_\_\_\_ REASON FOR STOPPING PROTOCOL: \_\_\_\_\_ (e.g., pat had surgery, etc)

DATE OF ROUNDS	DECISION MADE DURING ROUNDS (check appropriate circle EACH DAY)	COMMENTS FOR 24 HRS: (e.g., PRN's not effective, convert to methadone etc)	WAT-1 SCORES 24 HRS <u>POST ROUNDS:</u>				# of Benzo PRN's
			1200	1800	0000	0600	
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**FORM SHOULD FOLLOW PATIENT UNTIL OFF BENZO WEAN OR DISCHARGED—THEN RETURN TO UNIT R.N. EDUCATOR.**  
(v. 7, 2-2020)

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(v. 7, 2-2020)