



SPECIAL SUPPLEMENT

Pain Management
in the ICU

Innovation

Protecting ward patients: the case for continuous monitoring,
F. Michard, T.J. Gan, R. Bellomo

Innovations in ICU ventilation: the future delivered, *F. Gordo, A. Abella,
B. Lobo-Valbuena*

Data-driven management for intensive care units, *F. J. da Silva Ramos,
J. I. F. Salluh*

Technology innovations in delivering accurate nutrition: preventing
malnutrition and enforcing nutritional guidelines, *P. Singer, L. Elia*

The business of research, *J. B. Ochoa Gautier*

PLUS

The role of disruptive and hybrid
technologies in acute care,
T. Kyprianou

Extravascular lung water as a
target for intensive care, *M. Kirov,
V. Kuzkov, L. Bjertnaes*

Managing delirium in the ICU
with sleep guardians, *C. Irwin,
S. Parkinson*

The establishment and provision
of an acute kidney injury service
at a tertiary renal centre, *S. Fray*

Communication myths of
anaesthetists, *S. Watson*

The role of the Physician
Assistant in critical care,
V. Bakshi

The need to humanise the ICU,
S. East

Noninvasive technologies for
personalised haemodynamic
monitoring: advanced
haemodynamic monitoring
methods, *B. Saugel*



9 771377 756005

©For personal and private use only. Reproduction must be permitted by the copyright holder. Email to copyright@mindbyte.eu.

How to manage sedation analgesia for patient-centred care in the ICU

Managing sedation analgesia for patient-centred care in the ICU



Jean Louis Vincent

Professor
Department of Intensive Care
Erasme Hospital/Free University
of Brussels
Brussels, Belgium

jlvincent@intensive.org

Pain management and sedation are closely linked in the intensive care unit. In the past, clinicians were using sedative agents too liberally, often with benzodiazepines. And several issues were observed in the ICU, including the problems of delirium, weakness and prolonged ICU course.

In recent years, attempts have been made to decrease the intensity of sedation whenever possible and to put analgesia before sedation because pain control is of paramount importance. Once pain is controlled through effective analgesia, the patient can then be put on minimal or even no sedation according to the clinical team. Everybody in the critical care team must be involved and must be concerned about this.

The following is an overview of a discussion on how to manage sedation analgesia for patient-centred care in the ICU. The primary goal of this discussion is to talk about the important connection between sedation and analgesia and to find out how a balance can be achieved while ensuring deliverability of patient-centred care and humanising the patient experience in the ICU. The discussion will include input from Prof. Gerald Chanques, Intensive Care Unit, Saint Eloi University Hospital, Montpellier, France and Prof. Xavier Capdevila, Lapeyronie University Hospital, Montpellier, France. ■