



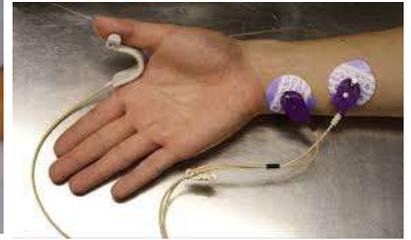
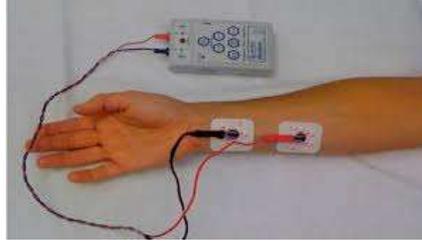
Key Points on Paralytics, Peripheral Nerve Stimulator, and BIS Monitor:

- When using paralytics IV push or paralytic infusions, sedation AND analgesic medication MUST be given. **Paralytic infusions have NO sedative or analgesic properties.**
- Continuous BIS or EEG monitoring must be on all patients on paralytics. BIS should always be obtained prior to initiating neuromuscular blockers when possible.
 - Instead of titrate the sedative to maintain BIS of 40-60, all sedation orders have been updated with instructions to titrate to BIS < 60.
 - Do not titrate down sedative once paralysis is initiated to avoid an “awake while paralyzed” situation
 - If BIS decreases by >15, please contact provider
 - BIS monitoring may not correlate with the patient’s clinical conditions, should be interpreted with caution in patients with TBIs and may be inaccurate when factors such as EMG activity interfere with the system
- Depth of paralytic should be evaluated using Peripheral Nerve Stimulator (PNS) every 1 hour. Normal trend is 2 out of 4 TOF (Train of Four) or as ordered. Do not keep patient less than 2 TOF unless ordered by physician.
 - Assess the patient’s oxygenation and ventilation, neurological status, RASS, and tissue perfusion. Discuss with the provider the goals of treatment. Clinical decisions should not be made based solely on the TOF response.
 - Always use same location (use monitor lead stickers or mark with permanent marker) when assessing PNS. Maintain consistent baseline power level or mA with each stimulation to increase the reliability and validity regarding the quality of TOF. Once baseline TOF determined, DO NOT CHANGE the power level or mA.
- TOF placement:
 - Facial Nerve: see below; place one electrode on the face at the outer canthus of the eye (red/ positive if using leads) and place the second electrode 2 cm below and parallel with the tragus of the ear(black/negative if using leads.) Watch and feel for facial nerve contraction= eyelid twitching





- Ulnar nerve: see below; watch and feel for Ulnar nerve contraction- only twitching of the thumb



- Pupillary checks should be assessed and documented hourly with vital signs and BIS readings.
- Eye lubricant should be applied every 4 hours while on a continuous infusion paralytic
- Recognize the progression of function is diaphragm, abdomen, trunk, extremities, and eyes.

TREAT THE PATIENT, NOT THE NUMBER