

CP-169

DEXMEDETOMIDINE FOR SEDATION IN CRITICALLY ILL PATIENTS: A SINGLE CENTRE EXPERIENCE

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OBJETIVE:

As the experience of use of Dexmedetomidine (Dex) in Spanish intensive care unit (ICU) patients is still scarce, our aim is to describe the results of its use as a sedative, in a 20-bed general medical-surgical Spanish ICU and assess the adherence of the 2013-SEMICYUC-guideline recommendations

MATERIALS AND METHODS:

Retrospective six-month study (October/13 to March/14) of ICU patients treated with Dex for sedation.

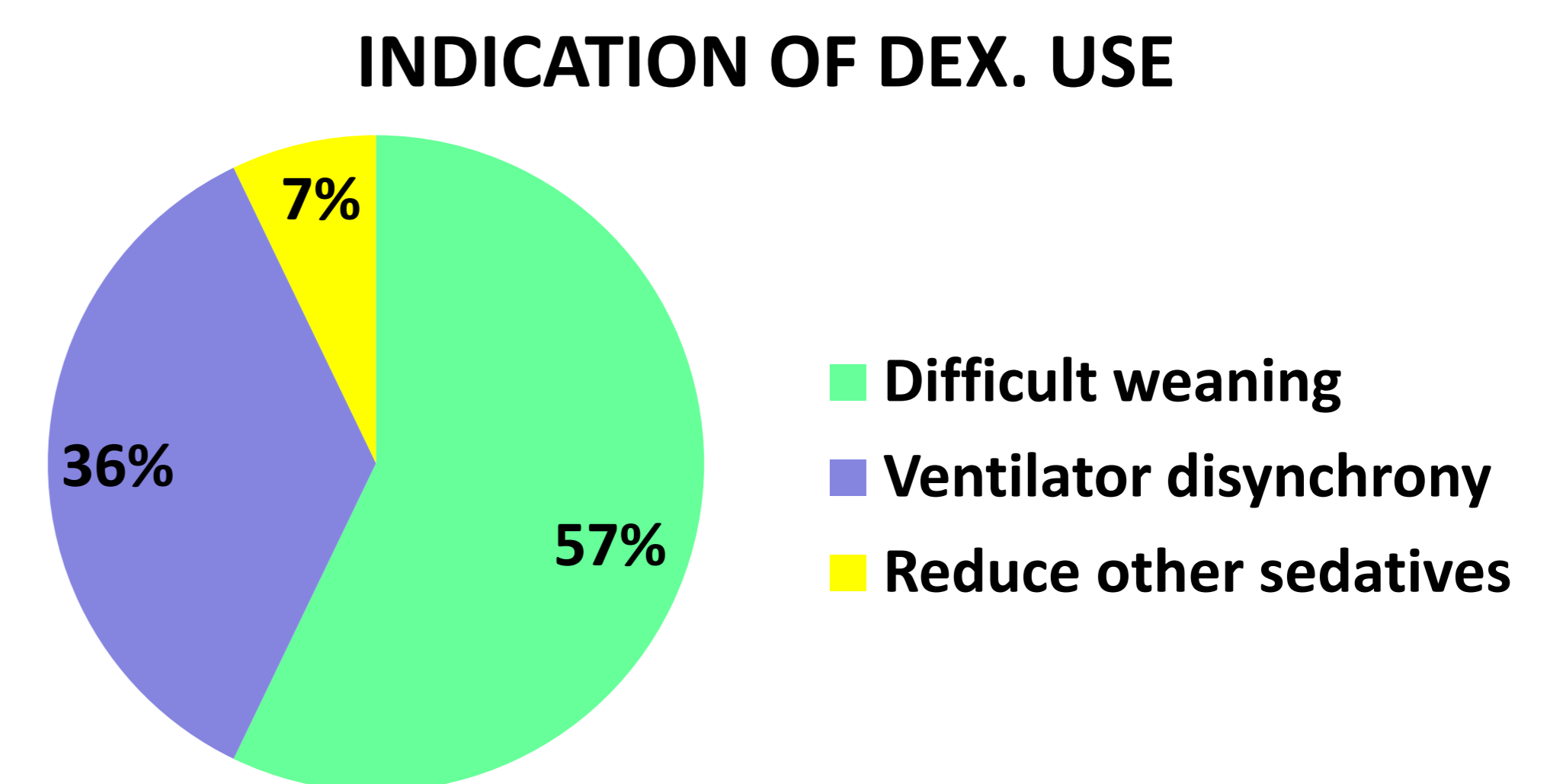
The variables analyzed were:

Diagnosis	Indication and duration	Doses : Starting-Maximum-Maintenance
Time to Maintenance Dose	Coadministration of other Sedatives	Patients in sedation range (RASS: -3-0)
Duration of mechanical ventilation (MV)	Adverse events	Causes of discontinuation

RESULTS :

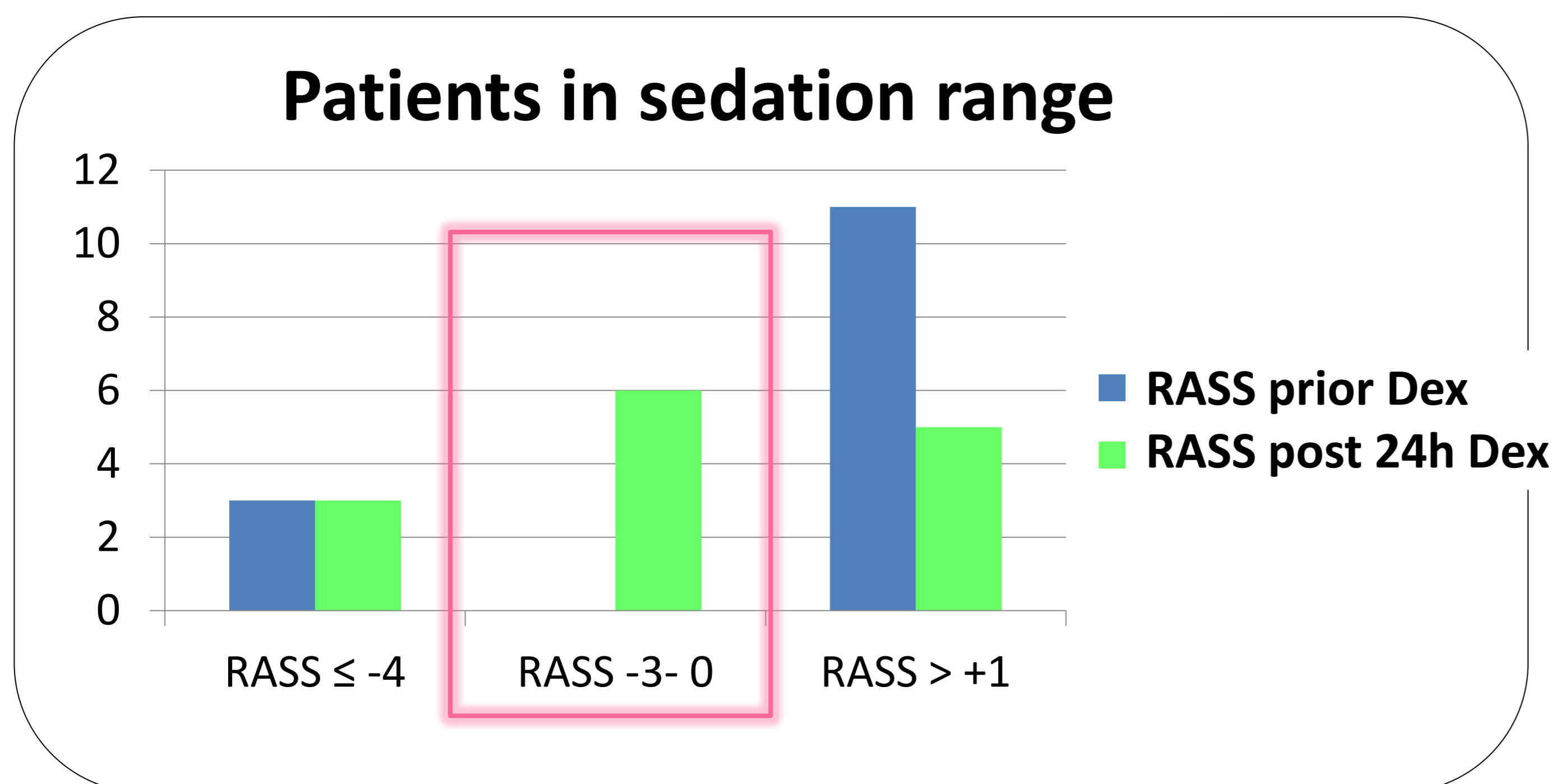


STUDY POPULATION		
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Diagnosis	Neurological	3 (21,4%)
	Respiratory	10 (71,4%)
	Politraumatized	1 (7,2%)



DEXDOR	Medium dose ± CV (mcg/kg/h)	Time to reach dose (range)
Starting	0,36 ± 0,15	0
Maximum	0,91 ± 0,34	41 hours (3-192)
maintenance	0,87 ± 0,33	53,5 hours (3-192)
Medium length of the treatment		4,1 days (0,2-14,5).

Patients with other sedatives prior Dex	14 (100%)
Patients with other sedatives post 24h Dex	8 (57%)
Duration of MV (mean ± CV)	17,1 ± 13 days



ADVERSE EVENTS AND DISCONTINUATION		
Patients with AE		14 (100%)
Most Common AE	Hypotension	8 (57%)
	Bradycardia	6 (43%)
Total AE		28
Causes of Discontinuation	Extubation	8 (57%)
	Lack of efficacy	2 (14%)
	AE (extreme bradycardia)	2 (14%)
	Exitus	2 (14%)

CONCLUSION:

The indications of Dex use were 100% adherence to SEMICYUC-guidelines, and Dex was useful in reaching sedation range and lead to extubation in selected patients. The initial infusion rate was 51% lower than the recommended and it lasted longer to achieve maintenance dose. The high rate of predictable adverse reactions and its limited use, make Dex a target drug for pharmaceutical monitoring and assessment .