

## Analgesia Questions-Final Format and Voting Tallies

### Rules Governing Results Based Upon Voting Tallies:

1. **Quality of Evidence Requires >50% vote.**
2. **Recommendation in favor of intervention >50% voting in favor, and <20% voting against (otherwise no rec is made)**
3. **Strong rec requires >=70% voting for strong rec (otherwise it's a weak rec).**

Result congruent with Team Voting

Result not congruent with Team Voting

**1a Question (format):** Do adult ICU patients experience *non-procedural* pain in ICU and, if so, what events or situations are related to pain? (descriptive)

**Answer:** Adult medical, surgical, and trauma ICU patients routinely experience pain, both at rest and with routine ICU care (B).

#### Task Force Voting:

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains
Votes (n):	1	19	0	0	0
Percentages (%):	5.0%	95.0%	0.0%	0.0%	0.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
Votes (n):	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A

**Answer:** Pain in adult cardiac surgery patients is common and poorly treated; women experience more pain than men after cardiac surgery (B).

#### Task Force Voting:

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains
Votes (n):	0	20	0	0	0
Percentages (%):	0.0%	100.0%	0.0%	0.0%	0.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
Votes (n):	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A

**1b Question (format):** What is the pain experience of adult ICU patients undergoing procedures? (descriptive)

**Answer:** Procedural pain is common in adult ICU patients (B).

#### Task Force Voting:

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains
Votes (n):	1	19	0	0	0
Percentages (%):	5.0%	95.0%	0.0%	0.0%	0.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
Votes (n):	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A

**2a Question (format):** Should pain assessments be routinely performed in adult ICU patients? (actionable)

**Answer:** We recommend that pain be routinely monitored in all adult ICU patients (+1B).

**Task Force Voting:**

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains
Votes (n):	1	19	0	0	0
Percentages (%):	5.0%	95.0%	0.0%	0.0%	0.0%
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):
Votes (n):	20	0	0	0	0
Percentages (%):	100.0%	0.0%	0.0%	0.0%	0.0%

**2b Question (format):** What are the most valid and reliable behavioral measures of pain in critically ill adult patients who are unable to self-report? (descriptive)

**Answer:** The Behavioral Pain Scale (BPS) and the Critical-Care Pain Observation Tool (CPOT) are the most valid and reliable behavioral pain scales for monitoring pain in medical, postoperative, or trauma (except for brain injury) adult ICU patients who are unable to self-report, and in whom motor function is intact and behaviors are observable. Using these scales in other ICU patient populations and translating them into foreign languages other than French or English require further validation testing (B).

**Task Force Voting:**

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains
Votes (n):	0	19	0	0	1
Percentages (%):	0.0%	95.0%	0.0%	0%	5.0%
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):
Votes (n):	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A

**2c Question (format):** Should vital signs be used to assess pain in adult ICU patients? (actionable)

**Answer:** We do not suggest that vital signs (or observational pain scales that include vital signs) be used alone for pain assessment in adult ICU patients (-2C).

**Task Force Voting:**

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains
Votes (n):	0	0	20	0	0
Percentages (%):	0%	0%	100%	0%	0%
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):

Votes (n):	1	1	0	18	0
Percentages (%):	5%	5%	0%	90%	0%

2c **Answer:** We suggest that vital signs may be used as a cue to begin further assessment of pain in these patients, however (+2C).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
Votes (n):	1	0	19	0	0
Percentages (%):	5%	0%	95%	0%	0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
Votes (n):	4	16	0	0	0
Percentages (%):	20%	80%	0%	0%	0%

3a **Question (format):** Should procedure-related pain be treated pre-emptively in adult ICU patients? (actionable)

**Answer:** We recommend that pre-emptive analgesia and/or non-pharmacologic interventions (e.g., relaxation) be administered to alleviate pain in adult ICU patients prior to chest tube removal (+1C).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
Votes (n):	0	1	19	0	0
Percentages (%):	0%	5%	95%	0%	0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
Votes (n):	18	2	0	0	0
Percentages (%):	90%	10%	0%	0%	0%

**Answer:** We suggest that for other types of invasive and potentially painful procedures in adult ICU patients, pre-emptive analgesic therapy and/or non-pharmacologic interventions may also be administered to alleviate pain (+2C).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
Votes (n):	0	1	18	1	0
Percentages (%):	0%	5%	90%	5%	0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
Votes (n):	2	17	0	0	0
Percentages (%):	10%	85%	0%	0%	0%

3b **Question (format):** What types of medications should be administered for pain relief in adult ICU patients? (actionable)

**Answer:** We recommend that IV opioids be considered as the first-line drug class of choice to treat non-neuropathic pain in critically ill patients (+1C).

<b>Task Force Voting:</b>					
<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Votes (n):</b>	2	3	14	0	1
<b>Percentages (%):</b>	10.0%	15.0%	70.0%	0.0%	5.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	18	0	0	1	0
<b>Percentages (%):</b>	90.0%	0.0%	0.0%	5.0%	0.0%

**Answer:** All available IV opioids, when titrated to similar pain intensity endpoints, are equally effective (C).

<b>Task Force Voting:</b>					
<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Votes (n):</b>	1	3	15	0	1
<b>Percentages (%):</b>	5.0%	15.0%	75.0%	0.0%	5.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	N/A	N/A	N/A	N/A	N/A
<b>Percentages (%):</b>	N/A	N/A	N/A	N/A	N/A

**Answer:** We recommend that either enterally administered gabapentin or carbamazepine, in addition to IV opioids, be considered for treatment of neuropathic pain (+1A).

<b>Task Force Voting:</b>					
<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Votes (n):</b>	16	4	0	0	0
<b>Percentages (%):</b>	80%	20%	0%	0%	0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	15	4	0	0	0
<b>Percentages (%):</b>	75%	20%	0%	0%	0%

**Answer:** We suggest that non-opioid analgesics be considered to decrease the amount of opioids administered (or to eliminate the need for IV opioids altogether) and to decrease opioid-related side effects (+2C).

<b>Task Force Voting:</b>					
<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Votes (n):</b>	0	2	18	0	0
<b>Percentages (%):</b>	0%	10%	90%	0%	0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	1	19	0	0	0
<b>Percentages (%):</b>	5%	95%	0%	0%	0%

**3c Question (format):** What mode of analgesic delivery (i.e., either neuraxial or parenteral), is recommended for pain relief in critically ill adults who have undergone either thoracic or abdominal surgery, or who have traumatic rib fractures (including both mechanically ventilated and non-mechanically ventilated ICU patients)? (actionable)

**Answer:** We recommend that thoracic epidural anesthesia/analgesia be considered for postoperative analgesia in patients undergoing abdominal aortic surgery (+1B).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Votes (n):</b>	0	20	0	0	0
<b>Percentages (%):</b>	0.0%	100.0%	0.0%	0.0%	0.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	14	6	0	0	0
<b>Percentages (%):</b>	70.0%	30.0%	0.0%	0.0%	0.0%

**Answer:** We provide no recommendation for using a lumbar epidural over parenteral opioids for postoperative analgesia in patients undergoing abdominal aortic aneurysm surgery, due to a lack of benefit when these routes of administration are compared in this patient population (0,A).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Votes (n):</b>	19	1	0	0	0
<b>Percentages (%):</b>	95.0%	5.0%	0.0%	0.0%	0.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	0	0	18	1	1
<b>Percentages (%):</b>	0.0%	0.0%	90.0%	5.0%	5.0%

**Answer:** We provide no recommendation for the use of thoracic epidural analgesia in patients undergoing either intrathoracic or non vascular abdominal surgical procedures, because of insufficient and conflicting evidence for this mode of analgesic delivery in these patients (0,B).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Votes (n):</b>	1	18	1	0	0
<b>Percentages (%):</b>	5%	90%	5%	0%	0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	1	4	15	0	0
<b>Percentages (%):</b>	5%	20%	75%	0%	0%

**Answer:** We suggest that thoracic epidural analgesia be considered for patients with traumatic rib fractures (+2B).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Votes (n):</b>	2	17	1	0	0

<b>Percentages (%):</b>	10.0%	85.0%	5.0%	0.0%	0.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	1	19	0	0	0
<b>Percentages (%):</b>	5.0%	95.0%	0.0%	0.0%	0.0%

**Answer:** We provide no recommendation for neuraxial/regional analgesia over systemic analgesia in medical ICU patients, due to lack of evidence in this patient population (0, No Evidence).

<b>Task Force Voting:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>
<b>Quality of Evidence:</b>	High	Moderate	Low/Very Low	No Evidence	Voter Abstains
<b>Votes (n):</b>	0	1	1	18	0
<b>Percentages (%):</b>	0.0%	5.0%	5.0%	90.0%	0.0%
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>
<b>Votes (n):</b>	0	0	20	0	0
<b>Percentages (%):</b>	0.0%	0.0%	100.0%	0.0%	0.0%

**Total Votes:**  
**20**  
100.0%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
80	N/A			
N/A	N/A	N/A	N/A	N/A

**Total Votes:**  
**20**  
100.0%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
N/A	N/A			
N/A	N/A	N/A	N/A	N/A

**Total Votes:**  
**20**  
100.0%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
N/A	N/A			
N/A	N/A	N/A	N/A	N/A

**Total Votes:**  
**20**  
100.0%  
**Voter abstains**

0  
0.0%

Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
20 100.0%	100.0%	0.0%	0.0%

**Total Votes:**  
**20**  
100.0%  
**Voter abstains**

N/A  
N/A

Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
N/A N/A	N/A	N/A	N/A

**Total Votes:**  
**20**  
100%  
**Voter abstains**

Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
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0  
0%                      20  
100%                    10%                    90%                    0%

**Total Votes:**  
20  
100%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
0 0%	20 100%	100%	0%	0%

**Total Votes:**  
20  
100%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
0 0%	20 100%	100%	0%	0%

**Total Votes:**  
20  
100%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
1 5%	20 100%	95%	0%	0%

**Total Votes:**  
20  
100.0%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
1 5.0%	20 100.0%	90.0%	5.0%	0.0%

**Total Votes:**  
20  
100.0%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
N/A N/A	N/A N/A	N/A	N/A	N/A

**Total Votes:**  
20  
100%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
1 5%	20 100%	95%	0%	0%

**Total Votes:**  
20  
100%  
**Voter abstains**

	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
0 0%	20 100%	100%	0%	0%

**OK**

**Total Votes:**

20

100.0%

**Voter abstains**

0

0.0%

<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
<b>20</b>	100.0%	0.0%	0.0%

**Total Votes:**

20

**Voter abstains**

0

0.0%

<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
<b>20</b>	0.0%	10.0%	90.0%

**Total Votes:**

20

100%

**Voter abstains**

0

0%

<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
<b>20</b>	25%	0%	75%

**Total Votes:**

20

100.0%  
Voter abstains

0  
0.0%

Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
20 100.0%	100.0%	0.0%	0.0%

Total Votes:  
20  
100.0%  
Voter abstains

0  
0.0%

Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
20 100.0%	0.0%	0.0%	100.0%

**Delirium Questions-Final Format and Voting Tallies**

**Rules Governing Results Based Upon Voting Tallies:**

1. *Quality of Evidence Requires >50% vote.*
2. *Recommendation in favor of intervention >50% voting in favor, and <20% voting against (otherwise no rec is made)*
3. *Strong rec requires >=70% voting for strong rec (otherwise it's a weak rec).*

Result congruent with Team Voting  
 Result not congruent with Team Voting

**Question #**  
 1 **Question (format):** What outcomes are associated with delirium in adult ICU patients? (descriptive)

**Answer:** Delirium is associated with increased mortality (A),

<b>Task Force Voting:</b>											
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:					
Votes (n):	15	5	0	0	0	20					
Percentages (%):	75.0%	25.0%	0.0%	0.0%	0.0%	100.0%					
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>	
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

1a **Question (format):** Is delirium associated with prolonged length of stay in adult ICU patients? (descriptive)

**Answer:** prolonged ICU and hospital LOS (A),

<b>Task Force Voting:</b>											
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:					
Votes (n):	19	1	0	0	0	20					
Percentages (%):	95.0%	5.0%	0.0%	0.0%	0.0%	100.0%					
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>	
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

1b **Question (format):** Is delirium associated with post-ICU cognitive impairment in adult ICU patients? (descriptive)

**Answer:** and development of post-ICU cognitive impairment in adult ICU patients (B).

<b>Task Force Voting:</b>											
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:					
Votes (n):	1	17	2	0	0	20					
Percentages (%):	5.0%	85.0%	10.0%	0.0%	0.0%	100.0%					
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>	
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

2a **Question (format):** Should ICU patients be monitored routinely for delirium with an objective bedside delirium instrument? (actionable)

**Answer:** We recommend routine monitoring for delirium in adult ICU patients (+1B).

<b>Task Force Voting:</b>											
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:					
Votes (n):	0	17	2	1	0	20					
Percentages (%):	0.0%	85.0%	10.0%	5.0%	0.0%	100.0%					
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>	
Votes (n):	17	2	1	0	0	0	20				

Percentages (%): 85.0% 10.0% 5.0% 0.0% 0.0% 0.0% 100.0% 95.0% 0.0% 5.0%

**2b Question (format):** Which instruments available for delirium monitoring have the strongest evidence for validity and reliability in ventilated and non-ventilated medical and surgical ICU patients? (descriptive)

**Answer:** The Confusion Assessment Method for the ICU (CAM-ICU) and the Intensive Care Delirium Screening Checklist (ICDSC) are the most valid and reliable delirium monitoring tools in adult ICU patients (A).

**Task Force Voting:**

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:				
Votes (n):	16	4	0	0	0	20				
Percentages (%):	80.0%	20.0%	0.0%	0.0%	0.0%	100.0%				
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**2c Question (format):** Is implementation of routine delirium monitoring feasible in clinical practice? (descriptive)

**Answer:** Routine monitoring of delirium in adult ICU patients is feasible in clinical practice (B).

**Task Force Voting:**

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:				
Votes (n):	1	18	0	0	1	20				
Percentages (%):	5.0%	90.0%	0.0%	0.0%	5.0%	100.0%				
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**3a Question (format):** What baseline risk factors are associated with the development of delirium in the ICU? (descriptive)

**Answer:** Four baseline risk factors are positively and significantly associated with the development of delirium in the ICU: pre-existing dementia; history of hypertension; history of alcoholism; and a high severity of illness on admission (B).

**Task Force Voting:**

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:				
Votes (n):	0	20	0	0	0	20				
Percentages (%):	0.0%	100.0%	0.0%	0.0%	0.0%	100.0%				
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**3b Question (format):** Is coma a risk factor for the development of delirium in the ICU? (descriptive)

**Answer:** Coma is an independent risk factor for the development of delirium in ICU patients. Establishing a definitive relationship between various subtypes of coma (i.e., medication-related, structural, neurological, medical) and delirium in ICU patients will require further study (B).

**Task Force Voting:**

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:
Votes (n):	0	19	1	0	0	20
Percentages (%):	0.0%	95.0%	5.0%	0.0%	0.0%	100.0%

Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

3c **Question (format):** Which ICU treatment-related (acquired) risk factors (i.e., opioids, benzodiazepines, propofol, and dexmedetomidine) are associated with the development of delirium in adult ICU patients? (descriptive)

**Answer:** Conflicting data surround the relationship between opioid use and the development of delirium in adult ICU patients (B).

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:
Votes (n):	0	17	2	0	1	20
Percentages (%):	0.0%	85.0%	10.0%	0.0%	5.0%	100.0%

  

Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Answer:** Benzodiazepines may be a risk factor for the development of delirium in adult ICU patients (B)

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:
Votes (n):	1	18	1	0	0	20
Percentages (%):	5.0%	90.0%	5.0%	0.0%	0.0%	100.0%

  

Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Answer:** There are insufficient data to determine the relationship between propofol use and the development of delirium in adult ICU patients (C).

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:
Votes (n):	0	1	19	0	0	20
Percentages (%):	0.0%	5.0%	95.0%	0.0%	0.0%	100.0%

  

Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**Answer:** In mechanically ventilated adult ICU patients at risk for developing delirium, dexmedetomidine infusions administered for sedation may be associated with a lower prevalence of delirium compared to benzodiazepine infusions administered (B).

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:
Votes (n):	1	17	1	0	1	20
Percentages (%):	5%	85%	5%	0%	5%	100%

  

Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

4a **Question (format):** Should a non-pharmacological delirium protocol be used in the ICU to reduce the incidence or duration of delirium? (actionable)

**Answer:** We recommend performing early mobilization of adult ICU patients whenever feasible to reduce the incidence and duration of delirium (+1B).

<b>Task Force Voting:</b>						<b>Total Votes:</b>
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	
Votes (n):	1	19	0	0	0	20
Percentages (%):	5.0%	95.0%	0.0%	0.0%	0.0%	100.0%

<b>Strength of Recommendation:</b>	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
	Votes (n):	16	4	0	0	0	20			
	Percentages (%):	80.0%	20.0%	0.0%	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%

**4b Question (format):** Should a pharmacological delirium prevention protocol be used in the ICU to reduce the incidence or duration of delirium? (actionable)

**Answer:** We provide no recommendation for using a pharmacological delirium prevention protocol in adult ICU patients, as no compelling data demonstrate that this reduces the incidence or duration of delirium in these patients (0, C).

<b>Task Force Voting:</b>						<b>Total Votes:</b>
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	
Votes (n):	0	0	19	1	0	20
Percentages (%):	0.0%	0.0%	95.0%	5.0%	0.0%	100.0%

<b>Strength of Recommendation:</b>	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
	Votes (n):	0	0	16	2	2	20			
	Percentages (%):	0.0%	0.0%	80.0%	10.0%	10.0%	100.0%	0.0%	20.0%	80.0%

**4c Question (format):** Should a combined non-pharmacological and pharmacological delirium prevention protocol be used in the ICU to reduce the incidence or duration of delirium? (actionable)

**Answer:** We provide no recommendation for the use of a combined non-pharmacological and pharmacological delirium prevention protocol in adult ICU patients, as this has not been shown to reduce the incidence of delirium in these patients (0, C).

<b>Task Force Voting:</b>						<b>Total Votes:</b>
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	
Votes (n):	0	1	18	1	0	20
Percentages (%):	0.0%	5.0%	90.0%	5.0%	0.0%	100.0%

<b>Strength of Recommendation:</b>	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
	Votes (n):	0	2	18	0	0	20			
	Percentages (%):	0.0%	10.0%	90.0%	0.0%	0.0%	100.0%	10.0%	0.0%	90.0%

**4d Question (format):** Should haloperidol or atypical antipsychotics be used prophylactically to prevent delirium in ICU patients? (actionable)

**Answer:** We do not suggest that either haloperidol or atypical antipsychotics be administered to prevent delirium in adult ICU patients (-2C).

<b>Task Force Voting:</b>						<b>Total Votes:</b>
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	
Votes (n):	0	1	17	1	1	20
Percentages (%):	0%	5%	85%	5%	5%	100%

<b>Strength of Recommendation:</b>	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
	Votes (n):	1	1	1	16	0	20			
	Percentages (%):	5%	5%	5%	80%	0%	100%	10%	80%	5%

**4e Question (format):** Should dexmedetomidine be used prophylactically to prevent delirium in ICU patients? (actionable)

**Answer:** We provide no recommendation for the use of dexmedetomidine to prevent delirium in adult ICU patients, as there is no evidence regarding its effectiveness in these patients (0, C).

<b>Task Force Voting:</b>						<b>Total Votes:</b>
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	
Votes (n):	0	0	18	1	1	20

Percentages (%):	0.0%	0.0%	90.0%	5.0%	5.0%	100.0%				
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	0	1	14	4	0	1	20			
Percentages (%):	0.0%	5.0%	70.0%	20.0%	0.0%	5.0%	100.0%	5.0%	20.0%	70.0%

5a Question (format): Does treatment with haloperidol reduce the duration of delirium in adult ICU patients? (descriptive)

Answer: There is no published evidence that treatment with haloperidol reduces the duration of delirium in adult ICU patients (No Evidence).

Task Force Voting:										
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:				
Votes (n):	0	0	3	17	0	20				
Percentages (%):	0%	0%	15%	85%	0%	100%				
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

5b Question (format): Does treatment with atypical antipsychotics reduce the duration of delirium in adult ICU patients? (descriptive)

Answer: Atypical antipsychotics may reduce the duration of delirium in adult ICU patients (C).

Task Force Voting:										
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:				
Votes (n):	0	0	19	0	1	20				
Percentages (%):	0%	0%	95%	0%	5%	100%				
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

5c Question (format): Should treatment with cholinesterase inhibitors (rivastigmine) be used to reduce the duration of delirium in ICU patients? (actionable)

Answer: We do not recommend administering rivastigmine to reduce the duration of delirium in ICU patients (-18).

Task Force Voting:										
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:				
Votes (n):	0	18	2	0	0	20				
Percentages (%):	0%	90%	10%	0%	0%	100%				
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation
Votes (n):	1	1	1	1	16	0	20			
Percentages (%):	5%	5%	5%	5%	80%	0%	100%	10%	85%	5%

5d Question (format): Should haloperidol and atypical antipsychotics be withheld in patients at high risk for torsades de pointes? (actionable)

Answer: We do not suggest using antipsychotics in patients at significant risk for torsades de pointes (i.e., patients with baseline prolongation of QT interval, patients receiving concomitant medications known to prolong the QT interval, or patients with a history of this arrhythmia) (-2C).

Task Force Voting:										
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:				
Votes (n):	0	1	18	0	1	20				
Percentages (%):	0.0%	5.0%	90.0%	0.0%	5.0%	100.0%				
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against	Percentage no recommendation

Votes (n):	2	15	2	0	0	1	20			
Percentages (%):	10.0%	75.0%	10.0%	0.0%	0.0%	5.0%	100.0%	85.0%	0.0%	10.0%

5e **Question (format):** For mechanically ventilated, adult ICU patients with delirium who require continuous IV infusions of sedative medications, is dexmedetomidine preferred over benzodiazepines to reduce the duration of delirium? (actionable)

**Answer:** We suggest that in adult ICU patients with delirium unrelated to alcohol or benzodiazepine withdrawal, that continuous IV infusions of dexmedetomidine rather than benzodiazepine infusions be administered for sedation in order to reduce the duration of delirium in these patients (+2B).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>	<b>Total Votes:</b>				
Votes (n):	0	19	0	0	1	20				
Percentages (%):	0%	95%	0%	0%	5%	100%				
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>	<b>Percentage no recommendation</b>
Votes (n):	1	16	2	0	0	1	20			
Percentages (%):	5%	80%	10%	0%	0%	5%	100%	85%	0%	10%



**Answer:** We recommend that sedative medications be titrated to maintain a light rather than deep level of sedation in adult ICU patients, unless clinically contraindicated (+1B).

Task Force Voting:									
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:			
Votes (n):	1	19	0	0	0	20			
Percentages (%):	5%	95%	0%	0%	0%	100%			
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against
Votes (n):	19	1	0	0	0	0	20		
Percentages (%):	95%	5%	0%	0%	0%	0%	100%	100%	0%

**2a Question (format):** Which subjective sedation scales are the most valid and reliable in the assessment of depth and quality of sedation in mechanically ventilated adult ICU patients? (descriptive)

**Answer:** The Richmond Agitation-Sedation Scale (RASS) and Sedation-Agitation Scale (SAS) are the most valid and reliable sedation assessment tools for measuring quality and depth of sedation in adult ICU patients (B).

Task Force Voting:									
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:			
Votes (n):	1	16	0	1	2	20			
Percentages (%):	5.0%	80.0%	0.0%	5.0%	10.0%	100.0%			
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against
Votes (n):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Percentages (%):	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

**2bi Question (format):** Should objective measures of brain function (e.g., auditory evoked potentials [AEP], Bispectral Index [BIS], Narcotrend Index [NI], Patient State Index [PSI], or state entropy [SE]) be used to assess depth of sedation in non-comatose, adult ICU patients who are not receiving neuromuscular blocking agents? (actionable)

**Answer:** We do not recommend that objective measures of brain function (e.g., auditory evoked potentials [AEP], Bispectral Index [BIS], Narcotrend Index [NI], Patient State Index [PSI], or state entropy [SE]) be used as the primary method to monitor depth of sedation in non-comatose, non-paralyzed critically ill adult patients, as these monitors are inadequate substitutes for subjective sedation scoring systems (-1B).

Task Force Voting:									
Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:			
Votes (n):	0	19	1	0	0	20			
Percentages (%):	0%	95%	5%	0%	0%	100%			
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor	Percentage against
Votes (n):	1	2	0	2	15	0	20		
Percentages (%):	5%	10%	0%	10%	75%	0%	100%	15%	85%

**2bii Question (format):** Should objective measures of brain function (e.g., auditory evoked potentials [AEP], Bispectral Index [BIS], Narcotrend Index [NI], Patient State Index [PSI], or state entropy [SE]) be used to measure depth of sedation in adult ICU patients who *are* receiving neuromuscular blocking agents? (actionable)

**Answer:** We suggest that objective measures of brain function (e.g., auditory evoked potentials [AEP], Bispectral Index [BIS], Narcotrend Index [NI], Patient State Index [PSI], or state entropy [SE]) be used as an adjunct to subjective sedation assessments in adult ICU patients who are receiving neuromuscular blocking agents, as subjective sedation assessments may be unobtainable in these patients (+2B).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>	<b>Total Votes:</b>			
Votes (n):	0	19	1	0	0	20			
Percentages (%):	0%	95%	5%	0%	0%	100%			
	<b>Strong</b>	<b>Weak</b>	<b>No</b>	<b>Weak</b>	<b>Strong</b>				
<b>Strength of Recommendation:</b>	<b>recommendation in favor (+1):</b>	<b>recommendation in favor (+2):</b>	<b>recommendation (0):</b>	<b>recommendation against (-2):</b>	<b>recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>
Votes (n):	1	18	0	1	0	0	20		
Percentages (%):	5%	90%	0%	5%	0%	0%	100%	95%	5%

**2biii Question (format):** Should EEG monitoring be used to detect nonconvulsive seizure activity and to titrate electroconvulsive medication to obtain burst suppression in adult ICU patients with either known or suspected seizures? (actionable)

**Answer:** We recommend that EEG monitoring be used to monitor non-convulsive seizure activity in adult ICU patients with either known or suspected seizures, or to titrate electroconvulsive medication to achieve burst suppression in adult ICU patients with elevated intracranial pressure (+1A).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>	<b>Total Votes:</b>			
Votes (n):	18	2	0	0	0	20			
Percentages (%):	90%	10%	0%	0%	0%	100%			
	<b>Strong</b>	<b>Weak</b>	<b>No</b>	<b>Weak</b>	<b>Strong</b>				
<b>Strength of Recommendation:</b>	<b>recommendation in favor (+1):</b>	<b>recommendation in favor (+2):</b>	<b>recommendation (0):</b>	<b>recommendation against (-2):</b>	<b>recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>
Votes (n):	19	1	0	0	0	0	20		
Percentages (%):	95%	5%	0%	0%	0%	0%	100%	100%	0%

**3 Question (format):** Should non-benzodiazepine-based sedation, instead of sedation with benzodiazepines, be used in mechanically ventilated adult ICU patients? (actionable)

**Answer:** We suggest that sedation strategies using non-benzodiazepine sedatives (either propofol or dexmedetomidine) may be preferred over sedation with benzodiazepines (either midazolam or lorazepam) to improve clinical outcomes in mechanically ventilated adult ICU patients (+2B).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>	<b>Total Votes:</b>			
Votes (n):	0	20	0	0	0	20			
Percentages (%):	0%	100%	0%	0%	0%	100%			
	<b>Strong</b>	<b>Weak</b>	<b>No</b>	<b>Weak</b>	<b>Strong</b>				
<b>Strength of Recommendation:</b>	<b>recommendation in favor (+1):</b>	<b>recommendation in favor (+2):</b>	<b>recommendation (0):</b>	<b>recommendation against (-2):</b>	<b>recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>	<b>Percentage against</b>
Votes (n):	3	17	0	0	0	0	20		
Percentages (%):	15%	85%	0%	0%	0%	0%	100%	100%	0%

**Percentage no  
recommendation**

N/A

**Percentage no  
recommendation**

N/A

**Percentage no  
recommendation**

N/A

**Percentage no  
recommendation**

0%

**Percentage no  
recommendation**

N/A

**Percentage no  
recommendation**

0%

**Percentage no  
recommendation**

0%

**Percentage no  
recommendation**

0%

**Percentage no  
recommendation**

0%

## Outcomes Questions-Final Format and Voting Tallies

### Rules Governing Results Based Upon Voting Tallies:

1. *Quality of Evidence Requires >50% vote.*
2. *Recommendation in favor of intervention >50% voting in favor, and <20% voting against (otherwise no rec is made)*
3. *Strong rec requires >=70% voting for strong rec (otherwise it's a weak rec).*

Result congruent with Team Voting

Result not congruent with Team Voting

### Question #

**1a** **Question (format):** Should a protocol that includes either daily sedative interruption or a light target level of sedation be used in mechanically ventilated adult ICU patients? (actionable)

**Answer:** We recommend either daily sedation interruption or a light target level of sedation be routinely used in mechanically ventilated adult ICU patients (+1B).

#### Task Force Voting:

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:		
Votes (n):	0	20	0	0	0	20		
Percentages (%):	0%	100%	0%	0%	0%	100%		
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor
Votes (n):	20	0	0	0	0	0	20	
Percentages (%):	100%	0%	0%	0%	0%	0%	100%	100%

**1b** **Question (format):** Should analgesia-first sedation (i.e., analgosedation) vs. sedative-hypnotic based sedation be used in mechanically ventilated ICU patients? (actionable)

**Answer:** We suggest that analgesia-first sedation be used in adult ICU patients who are mechanically ventilated (+2B).

#### Task Force Voting:

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:		
Votes (n):	0	11	9	0	0	20		
Percentages (%):	0.0%	55.0%	45.0%	0.0%	0.0%	100.0%		
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor
Votes (n):	2	17	1	0	0	0	20	
Percentages (%):	10.0%	85.0%	5.0%	0.0%	0.0%	0.0%	100.0%	95.0%

**1ci** **Question (format):** Should non-pharmacologic interventions be used to promote sleep in adult ICU patients? (actionable)

**Answer:** We recommend that sleep should be promoted in adult ICU patients by optimizing patients' environments, using strategies to control light and noise, to cluster patient care activities, and to decrease stimuli at night in order to protect patients' sleep cycles (+1C).

#### Task Force Voting:

Quality of Evidence:	High	Moderate	Low/Very Low	No Evidence	Voter Abstains	Total Votes:		
Votes (n):	1	1	18	0	0	20		
Percentages (%):	5.0%	5.0%	90.0%	0.0%	0.0%	100.0%		
Strength of Recommendation:	Strong recommendation in favor (+1):	Weak recommendation in favor (+2):	No recommendation (0):	Weak recommendation against (-2):	Strong recommendation against (-1):	Voter abstains	Total Votes	Percentage in favor

Votes (n):	17	3	0	0	0	0	20	
Percentages (%):	85.0%	15.0%	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%

1cii **Question (format):** Should specific modes of mechanical ventilation be used to promote sleep in ventilated ICU patients? (actionable)

**Answer:** We provide no recommendation for the use of specific modes of mechanical ventilation to promote sleep in these adult ICU patients, as there is insufficient evidence for the efficacy of this intervention in these patients (0, No evidence).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>	<b>Total Votes:</b>		
Votes (n):	0	0	20	0	0	20		
Percentages (%):	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%		
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>	<b>Voter abstains</b>		
Votes (n):	0	18	1	0	1	0		
Percentages (%):	0.0%	90.0%	5.0%	0.0%	5.0%	0.0%	90.0%	5.0%

2 **Question (format):** Should a multidisciplinary educational and behavioral strategy be used to facilitate the implementation of sedation protocols and guidelines in adult ICUs? (actionable)

**Answer:** We recommend that a multidisciplinary ICU team approach that includes provider education, preprinted and/or computerized protocols and order forms, and a quality ICU rounds checklist be used to facilitate pain, agitation, and delirium management guidelines or protocols in adult ICUs (+1B).

**Task Force Voting:**

<b>Quality of Evidence:</b>	<b>High</b>	<b>Moderate</b>	<b>Low/Very Low</b>	<b>No Evidence</b>	<b>Voter Abstains</b>	<b>Total Votes:</b>		
Votes (n):	1	12	7	0	0	20		
Percentages (%):	5.0%	60.0%	35.0%	0.0%	0.0%	100.0%		
<b>Strength of Recommendation:</b>	<b>Strong recommendation in favor (+1):</b>	<b>Weak recommendation in favor (+2):</b>	<b>No recommendation (0):</b>	<b>Weak recommendation against (-2):</b>	<b>Strong recommendation against (-1):</b>	<b>Voter abstains</b>	<b>Total Votes</b>	<b>Percentage in favor</b>
Votes (n):	15	4	0	0	1	0	20	
Percentages (%):	75.0%	20.0%	0.0%	0.0%	5.0%	0.0%	100.0%	95.0%

Percentage against	Percentage no recommendation
0%	0%

Percentage against	Percentage no recommendation
0.0%	5.0%

Percentage against	Percentage no recommendation
--------------------	------------------------------

0.0%

0.0%

5.0%

**Percentage against**

**Percentage no  
recommendation**

5.0%

0.0%