Supplemental Questionnaire: PICU RN Sedation Practices Questionnaire

This questionnaire is part of a cross-sectional study on sedation practices in the PICU. As a PICU RN, your knowledge and experience is critical for us to understand our practices and how we can continuously improve as a critical care team. Your participation in this study is voluntary.

Please provide answers to the following questions regarding your personal practice and experiences, NOT what you think is the “correct” answer. Do not place your name anywhere on this document. Your responses are completely confidential.

Place your survey in the folder labeled “Sedation Survey” when complete. Thank you!

1) How long have you been working as a nurse in the PEDIATRIC ICU SETTING?

- [ ] < 1 years
- [ ] 1-5 years
- [ ] 5-10 years
- [ ] >10 years

2) Which shift do you PRIMARILY work?

- [ ] Day shift (7a-7p)
- [ ] Night Shift (7p-7a)

3) Considering an average patient on invasive mechanical ventilation, what is your perspective on the amount of sedation we use in our PICU?

- [ ] Too much
- [ ] Too little
- [ ] Appropriate amount

4) Do you think that more PRN pain/sedation medication is administered during day shift, night shift, or is it approximately equal?

- [ ] Day Shift (7a-7p)
- [ ] Night Shift (7p-7a)
- [ ] Approximately Equal

TURN OVER TO COMPLETE

5) Please check the TOP 3 reasons you choose to administer PRN pain/sedation (ex: fentanyl, versed, morphine, etc.) to pediatric patients on invasive mechanical ventilation?

- [ ] Prescriber directed SBS goal
- [ ] Change in patient vital signs (ex: increased heart rate or blood pressure)
- [ ] Protect invasive devices (ex: central line, nasogastric tube, or endotracheal tube)
- [ ] Need to attend to another patient on your assignment
- [ ] Patient reported pain/agitation
- [ ] Parental request or concern about patient comfort
- [ ] Help the patient sleep/rest
- [ ] Pre-medicating for care (ex: bath and weight; diaper change)
- [ ] Prescriber verbal order
- [ ] Procedure (ex: central line)
- [ ] Ventilator associated issue (ex: frequent peak pressure alarms)
- [ ] Other (Please explain): ____________________________________________________________

6) When you administer PRN pain/sedation medications, you most often:

- [ ] Give Pain OR Sedation First and Monitor for Response
- [ ] Give Pain AND Sedation Together

QUESTIONNAIRE COMPLETE

Thank you!

Supplementary Table 1  Opioid and benzodiazepine conversion factors

<table>
<thead>
<tr>
<th>Opioid</th>
<th>Equivalency to 1 µg IV fentanyl</th>
<th>Equivalency to 1 mg IV midazolam</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydromorphone</td>
<td>0.02 mg</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morphine</td>
<td>0.1 mg</td>
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<tr>
<td>IV</td>
<td></td>
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</tr>
<tr>
<td>Methadone</td>
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<td>Enteral</td>
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</tr>
<tr>
<td>Benzodiazepinea</td>
<td></td>
<td>0.5 mg</td>
</tr>
<tr>
<td>Ativan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV</td>
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</tr>
</tbody>
</table>

Abbreviation: IV, intravenous.

*a*www.clinicalcalc.com/opioids/

*b*www.clinicalcalc.com/benzodiazepine/.