

## USE OF DEXMEDETOMIDINE IN AN INTENSIVE CARE UNIT

*Marija Stošić<sup>1</sup>, Jelena Živadinović<sup>1</sup>, Biljana Stošić<sup>1,2</sup>, Velimir Perić<sup>3</sup>, Aleksandar Nikolić<sup>1</sup>,  
Milica Radić<sup>4</sup>, Radmilo Janković<sup>1,2</sup>*

<sup>1</sup>University Clinical Center Niš, Clinic for Anesthesia and Intensive Care, Niš, Serbia

<sup>2</sup>University of Niš, Faculty of Medicine, Department of Surgery and Anesthesiology with Reanimation, Niš, Serbia

<sup>3</sup>University Clinical Center Niš, Clinic for Cardiac Surgery, Niš, Serbia

<sup>4</sup>University Clinical Center of Niš, Oncology Clinic, Niš, Serbia

*Contact:* Marija Stošić

48 Dr Zoran Djindjić Blvd., 18000 Niš, Serbia

E-mail: marija.stosic@medfak.ni.ac.rs

A critical disease requiring intensive treatment represents a very stressful event. The factors preceding the admission to an intensive care unit (ICU) are life-threatening conditions, trauma or a very complex surgery, which by themselves induce a strong physiological reaction. Sedatives and analgesics are among the drugs most frequently used in ICUs. Their use aims at increasing comfort, reducing stress response and facilitation of diagnostic and therapeutic procedures. It has been confirmed that pain, oversedation and delirium are significant causes of distress in patients in ICUs and are associated with increased morbidity and mortality. The term "ICU triad" describes the close association of pain, agitation and delirium, as well as the approach to their management. The 2013 and 2018 guidelines for analgesia and sedation in the critically ill recommended the use of midazolam only for short-term sedation, lorazepam for long-term sedation, and propofol for patients in whom intermittent waking up is planned. A new version of the guidelines has given precedence to non-benzodiazepine sedatives such as dexmedetomidine. Dexmedetomidine produces a unique sedation pattern, markedly different in comparison to all other sedative drugs. The patients sedated with this drug easily establish contact, respond to verbal stimulation, communicate and cooperate with ICU staff, and after the contact is established they achieve good results at attention tests.

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