Programme de
GESTION THÉRAPEUTIQUE
des médicaments

Intervention Plan
PGTM Clinical Intervention Model (CIM):
Dexmedetomidine use in intensive care in Quebec's university teaching hospitals based on the utilization criteria established by the TDMP in 2010

Background: Undertake concerted actions at the provincial level (specific interventions) regarding the prescribing and use of dexmedetomidine in intensive care. Institute measures that will apply to all five Quebec university teaching hospitals (UTHs) (a PGTM dexmedetomidine CIM).

The PGTM's scientific recommendations:

The PGTM recommends to the UTHs that they examine the justification for using dexmedetomidine when the parameters are not in line with the current recommendations, specifically, in cases of prolonged use or especially high doses.

The PGTM feels that it would be appropriate to review the medical literature to see if there is any new evidence concerning noncompliant parameters, including the indications for which there seems to be a rather strong desire to use this drug.

If the UTHs perceive the need to check dexmedetomidine use in intensive care in the future, the PGTM proposes that they consider using a prospective design to collect data to permit a deeper level of analysis and to reduce the potential biases associated with a retrospective design, among other things, to more accurately define the therapeutic role of dexmedetomidine.

Given the limited amount of available data on the use of dexmedetomidine in pediatric intensive care, the PGTM encourages the clinicians to publish their results.

Aware that the manner in which dexmedétomidine is used may have changed over the years, the PGTM wishes to point out that the results and conclusions of this descriptive analysis will have to be adjusted to reflect the rapid changes in the scientific literature in this area.

Objective: To ensure the optimal use of dexmedetomidine in intensive care in Quebec's UTHs.

Intervention measures: Each institution is to determine which interventions apply to its situation and make one or more of them priorities.

Timetable for instituting the applicable measures in each institution: Within 12 months, commencing with February 2014.

Intervention plan for the PGTM's dexmedetomidine CIM:

1. **Present the results to the Pharmacy and Therapeutics Committee.**
2. **Present the local results to the health professionals concerned, in particular, the pharmacists who work in the intensive care units.**
3. **Create a preprinted prescription form containing guidance on dexmedetomidine use and stating the approved indications at the institution in question.**
4. **Set, locally, a maximum duration of dexmedetomidine use beyond which the pharmacy would send the care team a reminder note, which is to be placed in the patient's chart, recommending a reevaluation to avoid overly long use. In care units with a pharmacist, the reevaluation can be done on a daily basis during medical rounds throughout the week.**
5. **In terms of preparing the drug, ensure that 50-mL infusions are prepared for patients requiring a slow rate, this to reduce the loss of residual amounts when the treatment is stopped.**

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6. **Document annual use in each UTH.**
   A summary follow-up on dexmedetomidine use based on utilization data, if possible and applicable, for each intensive care unit.

7. **Do a follow-up with the Pharmacy and Therapeutics Committee by presenting, each year (or more often if this seems necessary), the dexmedetomidine utilization data (by intensive care unit, where possible and applicable).**

8. **A year later, depending on the increase in dexmedetomidine use, reassess the appropriateness of collecting prospective data in the UTHs to check adherence to the criteria concerning indications and the duration of administration.**