Deep sedation

defined by a Richmond Agitation-Sedation Scale (RASS) (RASS) < -3

Deep sedation may hamper the detection of neurological deterioration in brain injury.

Impaired brainstem reflexes within the first 24 h of deep sedation are associated with increased mortality in non-brain-injured patients.

Early (day 1) cough reflex abolition is an independent predictor of mortality in deeply sedated brain-injured patients. Abolished cough reflex likely reflects a brainstem dysfunction that might result from the combination of primary and secondary neuro-inflammatory cerebral insults revealed and/or worsened by sedation [1)].

1)
Kandelman S, Allary J, Porcher R, Righy C, Valdez CF, Rasulo F, Heming N, Moneger G, Azabou E, Savary G, Annane D, Chretien F, Latronico N, Bozza FA, Rohaut B, Sharshar T; Groupe d'Exploration Neurologique en Réanimation (GENeR). Early abolition of cough reflex predicts mortality in deeply sedated brain-injured patients. PeerJ. 2020 Nov 26;8:e10326. doi: 10.7717/peerj.10326. PMID: 33304651; PMCID: PMC7700733.