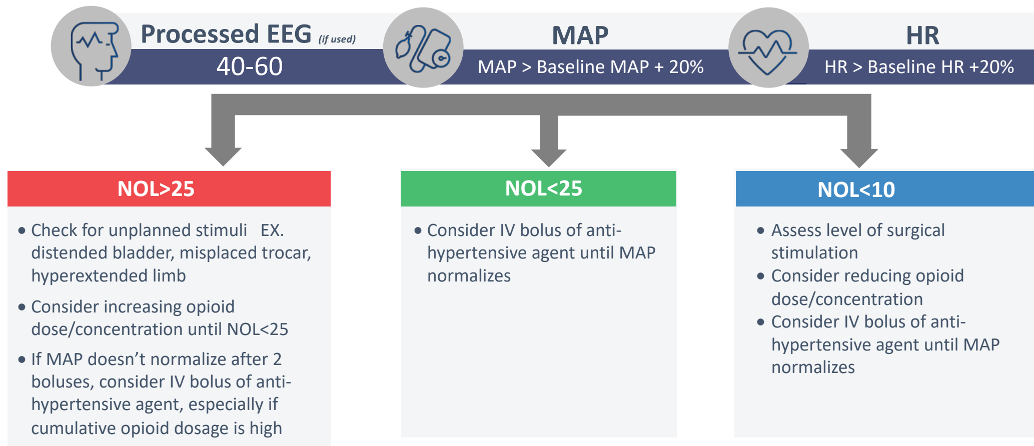
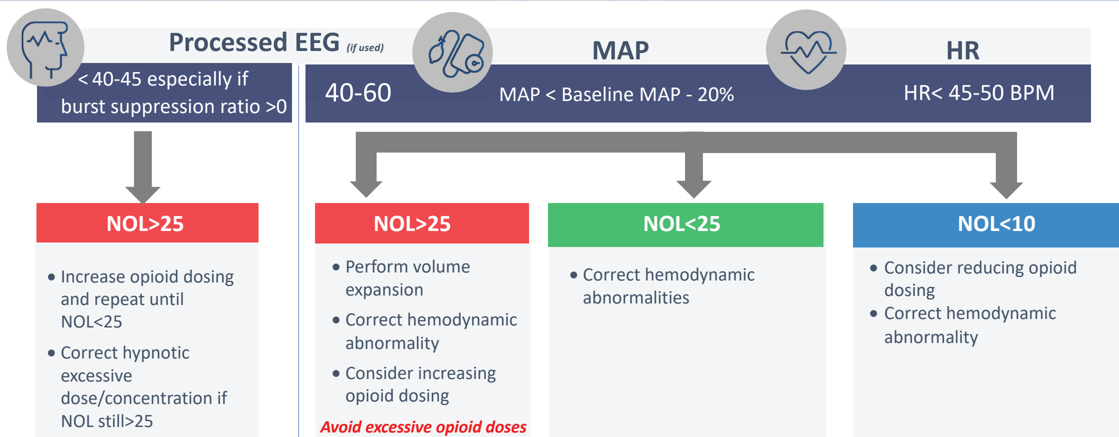
# Integrating NOL into clinical practice

The clinical algorithms below should be taken as a guide and may or may not be consistent with your own patient requirements, your clinical practice approaches, or guidelines for practice that are endorsed by your institution or practice group. It is the responsibility of each clinician to make his/her own determination regarding clinical practice decisions that are in the best interest of patients.

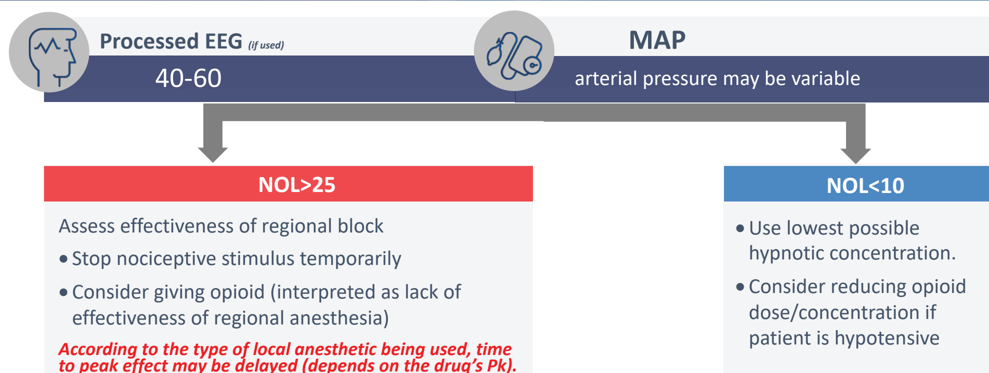
## IV Opioids with **High MAP High HR**




## IV Opioids with **Low MAP Low HR**




## Confirming regional block effectiveness

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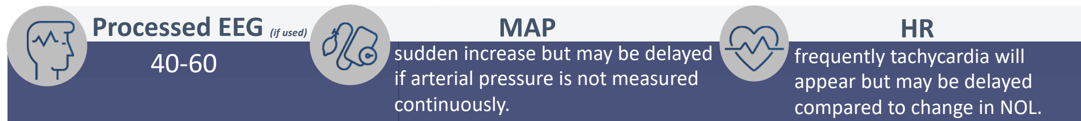
## Sudden increase in NOL upon application of nociceptive stimulus




**NOL>50**

- Consider stopping nociceptive stimulus temporarily.
- Give opioid

*Time to peak effect of opioid may be delayed for 5-6 minutes (fentanyl and sufentanil)*

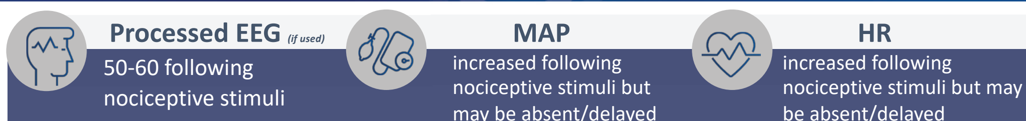
- Risk of explicit awareness. Increase concentration of hypnotic.

## Opioid Free Anaesthesia

**NOL<25**

- Continue monitoring - *Confirms effectiveness of the OFA regimen*
- Consider reducing non-opioid/analgesic dose if patient becomes hypotensive
- Consider using lowest possible hypnotic dose/conc.

## Opioid Free Analgesia




**NOL>25**

- Consider stopping nociceptive stimulus temporarily
- Consider increasing anti nociceptive analgesic dose or adding opioid

*Interpreted as lack of effectiveness of the OFA regimen*

*Ketamine, at high doses, increases BIS values.*



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