Shady Grove Medical Center Patient Care Policy Manual	
SEDATION, PROPOFOL	
Effective Date: 07/25/2012	Policy No:
Review Date:	Authority: Medical Executive Committee
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PURPOSE	To establish standards for the preparation, intra-procedure care, and recovery of patients receiving propofol for procedural sedation in the Emergency Department by non-anesthesiologists. This document is an adjunct to the Shady Grove Adventist Hospital policy on Moderate Sedation.
POLICY	Propofol is a short-acting potent hypnotic medication that was originally developed as an intravenous induction agent for general anesthesia. Because of its short duration, rapid onset of action, and excellent side-effect profile, it has gained popularity as a sedative agent for minor procedures. When used in the usual clinical doses it produces a state of deep sedation characterized by responsiveness to only repeated or painful stimuli. In this state patients may lose the ability to maintain a patent airway and independent ventilatory function. In addition, it may cause sudden and severe hypotension. Due to the possible need for advanced airway maneuvers and hemodynamic intervention, propofol's use will be restricted to emergency medicine physicians who have completed a separate competency-based credentialing program. All processes stipulated in the moderate sedation policy will apply to patients who receive propofol sedation. Additional requirements, limitations and exclusions are outlined below.
PEOPLE AFFECTED	Physicians
SUPPORTIVE DATA	Moderate Sedation Policy - #101-01-197 Ketamine Policy - #25078
PHARMACOLOGY	Following IV administration, propofol is rapidly distributed in the plasma and then well-perfused brain tissue. The effects of propofol are usually seen within 40 seconds, which corresponds to one blood/brain circulation time. It is then rapidly redistributed to other tissues in the body. Plasma levels decrease with this redistribution as well as through rapid metabolism. An adequate period of time (1 to 3 minutes) should be allowed after an initial dose in order to assess the clinical effects of propofol prior to subsequent doses. Although it is primarily eliminated by hepatic conjugation and renal excretion, the dosage of propofol does not need to be adjusted for renal or hepatic insufficiency.
ADMINISTRATION	Propofol is available in 20 cc bottles at a concentration of 10mg/cc. For the purpose of procedural sedation in the emergency room, it will be administered in boluses. The initial dose is 0.3 to 1.0 mg/kg followed in 1 to 3 minutes by boluses of 0.3 to 0.5mg/kg, if necessary. The dosage is based on ideal body weight and may need to be decreased in elderly patients or when administered in combination with other sedatives. The maximum total cumulative dose is 2.0 mg/kg. Lidocaine 0.5 to 1 mg/kg may be administered as a bolus just prior to, or mixed with the initial bolus of propofol to decrease pain on injection (unless otherwise contraindicated).

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HANDLING	Propofol injectable emulsion can support the growth of microorganisms as it is not an antimicrobially preserved product under usp standards. Accordingly, strict aseptic technique must be adhered to. Propofol should be prepared for use just prior to initiation of each individual sedation. The rubber vial stopper should be disinfected using 70% isopropyl alcohol. Propofol should be drawn into sterile syringes immediately after vials are opened and the syringe should be labeled with date and time. Administration should commence promptly and be completed within 12 hours after the vials have been opened. Propofol should be prepared for **single –patient use only.** Any unused portion of propofol drawn into a syringe must be discarded at the end of 12 hours.
SPECIAL PRECAUTIONS	1. **Procedures.** This policy applies to short, (<10 minutes) moderately painful procedures that may be performed with one or two boluses of propofol. Appropriate indications include minor orthopedic procedures (e.g. closed reductions of fractures and dislocations), or emergent cardioversions. Specifically excluded from this policy are GI endoscopy procedures, D&C's and other procedures that are usually scheduled in the operating room. 2. **Locations.** This policy applies only to procedures performed within the Emergency Department, the Pediatric Emergency Department and the Germantown Emergency Center. 3. **NPO Status.** Propofol sedation frequently and unpredictably results in loss of normal protective airway reflexes. Therefore the Department of Anesthesia strongly recommends that the fasting protocol (see moderate sedation policy) be observed whenever propofol is administered. Anesthesia consultation should be considered whenever the emergent nature of a procedure precludes adherence to the normal fasting requirements. 4. **Supplemental Oxygen.** Supplemental oxygen will always be administered during propofol sedation. 5. **Staffing.** Propofol sedation will be administered by an appropriately credentialed emergency medicine physician who is solely responsible for sedation, airway management, and monitoring and not in any way involved in the procedure. The sedating physician will remain with the patient until return of consciousness (defined as the ability to follow a simple command). 6. **Equipment.** An ambu-bag, working suction with yankauer tip, intubation tray, and intubation drug pack will be kept at the bedside during the procedure. 7. **Patient Selection.** ASA I and II patients are appropriate candidates for propofol sedation by a non-anesthesiologist.

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CREDENTIALING	Only physicians with specialized training in advanced airway techniques in deep sedation will be permitted to administer Propofol. Physicians must demonstrate competency in the pharmacology and physiologic effects of the medication. Recredentialing of propofol sedation privileges will occur on the same two year cycle as staff reappointments. Physicians who do not meet the minimum case requirement may apply for a mentorship opportunity with the Department of Anesthesia. Specific requirements are as follows: <u>Initial Competency Requirements:</u> 1. Active Medical staff privileges in Emergency Medicine. 2. Medical Staff privileges in Moderate Sedation. 3. Completion of an Emergency Medicine residency program within the last (2) years that includes a formalized education component on the safe administration of propofol sedation (letter from the residency director required). **OR** Evidence of at least five (5) sedations using propofol within the last two years along with evidence of satisfactory outcomes (letter from department chair will suffice). 4. Attestation of review of the Shady Grove Policy on Propofol Sedation. 5. Score of ≥80% on the Shady Grove Adventist Hospital Propofol Sedation Test. 6. Once a physician is credentialed according to the above criteria, focused peer evaluation will be conducted on their first three propofol sedations. <u>Ongoing Competency Requirements:</u> 1. Active Medical Staff privileges in Emergency Medicine. 2. Active privileges in Moderate Sedation. 3. Evidence of at least five (5) sedations during the previous two years with satisfactory outcomes as documented in the physician's OPPE. 4. Attestation of review of the most recent version of the Shady Grove Policy on Propofol Sedation.
QUALITY ASSURANCE	The following adverse sedation related events will be reported through the hospital's incident reporting system and be included in each physician's OPPE. Incidents will be forwarded to the Office of Medical Staff and the Chair of Anesthesia. <u>QA Events:</u> Death Intubation Cardiac Arrest Aspiration