

Department of Emergency Medicine  
Shady Grove Adventist Hospital  
Propofol Procedural Sedation Quiz

1. Which is true with regards to the side effects of Propofol?
  - a. Burning on injection is very infrequent
  - b. Respiratory depression is a common complication
  - c. Tachycardia is frequently seen
  - d. It is unsafe in lactating women
  
2. With regards to respiratory side effects, which is correct?
  - a. Risk of respiratory depression increases with rapid administration.
  - b. Supplemental oxygen is not necessary.
  - c. While bag valve mask ventilation may be ideal, an apneic patient can tolerate a non rebreather mask throughout an apneic period
  - d. As the ED setting is very different than the OR, capnographic monitoring need not be considered
  
3. Which is false with regards to cardiac complications with Propofol?
  - a. Cardiac monitoring should be performed in all patients receiving Propofol
  - b. NSS should be hanging, and ready for fluid bolus administration
  - c. Blood pressure should be taken every 3 minutes
  - d. Tachycardia is more frequent than bradycardia as a complication with Propofol
  
4. Which is correct with regards to administration of Propofol?
  - a. It comes in 1 liter bottles, for long infusions
  - b. Side effects increase with rapid administration
  - c. It is an alcohol based emulsion
  - d. The concentration is 100mg/cc
  
5. The pharmacodynamics/kinetics of Propofol would best be described as:
  - a. It is metabolized by the liver
  - b. It is excreted by the kidneys
  - c. It rapidly distributes to the plasma and brain
  - d. All of the above
  
6. A patient who has received Propofol is ready for discharge when:
  - a. They are able to speak in full sentences
  - b. They are awake for about 5 minutes
  - c. The patient is able to stand on their own without falling (when applicable), and they have returned to their baseline level of consciousness.
  - d. They can drink fluids without emesis

7. All of the following are true about Propofol except:
  - a. It is an amnestic agent
  - b. It is in a lipid emulsion which can colonize bacteria
  - c. It has antiemetic properties
  - d. It has a relatively slow onset of action
  
8. Which is true with regards to administration of Propofol?
  - a. It should be rapidly pushed to maximize effects
  - b. It should be pushed over 3-5 minutes to minimize complications
  - c. It should only be given by an anesthesiologist
  - d. It should be given over 30-60 seconds as a bolus
  
9. How should Propofol dosing be approached? (Best answer please)
  - a. As this is a safe drug, little in precautions should be necessary
  - b. Dosing for procedural sedation should be in the form of boluses
  - c. The proper dose is 5mg/kg for the first dose followed by 10mg/kg for subsequent doses
  - d. Re-evaluate the patient every 1-3 minutes prior to giving additional doses
  - e. A and C
  - f. B and D
  
10. What should the proper approach be when considering Propofol for procedural sedation?
  - a. Have anesthesia and respiratory therapy present for all procedures
  - b. It is encouraged to use multiple medications along with Propofol to enhance its effectiveness
  - c. Have all airway equipment and monitoring in place prior to beginning the sedation
  - d. Narcan will reverse the effects of Propofol.