

Drug Name: Propofol
Trade Name: Diprovan
REVISED: November 1, 2018

Class:

- Sedative
- General Anesthetic

Mechanism of Action:

- Propofol causes sedation by potentiating GABA receptors in the CNS, possibly by slowing channel closing time.

Indications:

- Sedation for intubated/mechanically ventilated patients
- Sedation for special painful procedures

Contraindications:

- Situations where anesthesia/sedation is not indicated
- Children less than 2 months of age
- Hypersensitivity
- Hypotension

Precautions:

- Hypotension/hypertension
- Anaphylaxis

Dosage:

IV Infusion

- IV/IO: 5-50 mcg/kg/min
 - Titrated in 5 mcg/kg/min increments to sedation and blood pressure

Onset:

- Propofol's onset is typically around 40 seconds from administration time, and has a short duration (3-5 minutes after administration is discontinued).

Duration:

- Based on infusion duration

Side Effects:

- Hypotension/hypertension
- Pain at injection site
- Transient apnea
- hyperlipidemia
- Dystonias
- bradycardia

Interactions:

- Increased effects with narcotics (e.g., morphine, meperidine, fentanyl), sedatives (e.g., benzodiazepines, barbiturates, chloral hydrate, droperidol) and potent inhalational agents (e.g., isoflurane, enflurane, halothane).
- Concomitant fentanyl may cause bradycardia in pediatrics.
- Increased risk of propofol infusion syndrome with vasoconstrictors, steroids, and inotropes.

IFT

REFERENCE ONLY

This document is for **reference only**. Please refer to Physician Order's for specific indications, dosages, and applications

IFT DRUG: Propofol

PEARLS:

- Monitor for anaphylactic/anaphylactoid reactions, life-threatening anaphylactic reactions reported.
- Monitor closely for hypotension.
 - Correct fluid deficits/hypotension prior to use.
- Lower induction doses and slower rate of administration needed in elderly, debilitated or ASA-PS III/IV patients;
- Monitor for early signs of hypotension, bradycardia, apnea, airway obstruction, and/or oxygen de-saturation.
- **Propofol Infusion Syndrome:** Propofol infusion syndrome is characterized by severe metabolic acidosis, hyperkalemia, lipidemia, rhabdomyolysis, hepatomegaly, and cardiac/renal failure.
 - Consider alternative means of sedation if increased dose is required.
- Avoid abrupt d/c prior to weaning or for daily evaluation of sedation level; may result in rapid awakening with associated anxiety, agitation, and resistance to mechanical ventilation.
- Local pain, swelling, blisters, tissue necrosis reported following accidental extravasation.
- Older literature contains cautions against propofol use in those patients with an egg or soy allergy. More recent evidence shows that there is little to no connection between propofol and egg allergies. Most reports of anaphylaxis to propofol have occurred in patients without egg allergy and the vast majority of patients with egg allergy receive propofol without reaction.

REFERENCE ONLY