REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

propofol

Effective Date: Sept 14 2022 **Revised Date:** Dec 2022	CLASSIFICATION **Intravenous anesthetic**	OTHER NAMES **Diprivan**	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Infusion – Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU

IV Bolus – Administration restricted to nurses experienced in ED/CARDIAC ROOM/ICU/PACU

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 10 mg/mL; 20 mL, 50 mL and 100 mL vials. **SHAKE BEFORE USE. DO NOT FILTER**.

IV Bolus: Administer undiluted over 20 to 30 seconds

IV Infusion: Pump Library: Administer undiluted using vented spiked adaptor. Change tubing every 12 hours.

propofol pediatrics HI

Drug Library	**Dose Rate**	**Short Name**	**Care Unit**
Yes	mcg/kg/min	pfol1000	Pediatric
Drug	**Diluent**	**Final Volume (VTBI)**	**Final Concentration**
1000 mg premixed	100 mL premixed	100 mL	10 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 5 mcg/kg/min		Soft High Dose Limit: 65 mcg/kg/min	

propofol pediatrics LO

Drug Library	**Dose Rate**	**Short Name**	**Care Unit**
Yes	mcg/kg/min	pfol500	Pediatric
Drug	**Diluent**	**Final Volume (VTBI)**	**Final Concentration**
500 mg premixed	50 mL premixed	50 mL	10 mg/mL
Clinical Advisory: High Alert			
Soft Low Dose Limit: 5 mcg/kg/min		Soft High Dose Limit: 65 mcg/kg/min	

DOSAGE:

Note: If propofol is administered in combination with other CNS active drugs, reduce dosage accordingly due to the increased risk of respiratory depression, apnea and hypoxia.

IV Bolus: 1 to 3.5 mg/kg

IV Infusion: 20 to 200 mcg/kg/minute (1.2 to 12 mg/kg/hour)

Maximum single dose: 3.5 mg/kg

Maximum rate: IV Bolus: over 20 seconds

IV Continuous: 200 mcg/kg/minute

Maximum concentration: 10 mg/mL

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STABILITY/COMPATIBILITY:

Stability of reconstituted solution: 12 hours at room temperature, after initial use of vial.
DISCARD ANY UNUSED PORTIONS

Compatibility: Compatible with D5W, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

Hypersensitivity: including anaphylactic shock with bronchospasm, laryngospasm
CV: hypotension (common), myocardial depression, bradycardia, arrhythmias
GI: nausea, vomiting (less than thiopental), abdominal cramps, strange taste
METAB: propofol infusion syndrome – impaired fatty acid oxidation with lactic acidemia, bradyarrhythmia and rhabdomyolysis; urine coloured green; may produce fatal metabolic acidosis and cardiac failure
RESP: respiratory depression, apnea, bronchospasm, laryngospasm (especially if combined with opiates or anticholinergic agents)
LOCAL: pain, burning, itching, phlebitis at IV site
OTHER: rash, flushing
CAUTION:
• cardiovascular adverse effects enhanced by concomitant administration of opiates, especially fentanyl
• patients with cardiovascular compromise or hypovolemia due to risk of hypotension
• patients with liver disease (pancreatitis, hyperlipoproteinemia) due to fat emulsion vehicle
• patients with increased intracranial pressure due to decrease in cerebral perfusion pressure
• do not use propofol in syringes greater than 6 hours or open vials greater than 12 hours due to HIGH risk of bacterial growth in solution
CONTRAINDICATIONS:
• hypersensitivity to propofol or the lipid emulsion including eggs, soybean or glycerol
• hypovolemia, shock

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Sedation and respiratory function is monitored according to the Procedural Sedation Guideline
- Continuous Cardiac monitoring, continuous SpO^2 and non- invasive monitoring (exception palliative care).
- Flush tubing slowly after use. This drug MUST be drawn up in a syringe JUST PRIOR to use.
- There is no reversal agent available for propofol
- Drug is suspended in a fatty emulsion vehicle and contains 10 % fat (1.1 kcal/mL). Use with caution in patients with lipid metabolism disorders (e.g. pancreatitis). Consider this source of fat in patients on enteral or parenteral nutrition.