

## Who can administer

Administration RESTRICTED - see [Appendix 1](#)

## Important information

- May only be initiated by Intensivists/Anaesthetists
- Facilities for maintenance of airways, artificial ventilation and other resuscitation facilities should be immediately available at all times

## Available preparations

Propofol 1% 200mg per 20mL ampoule (Fresenius)

Propofol 1% 500mg in 50mL vial (Fresenius)

Propofol 1% 1000mg in 100mL vial (Braun)

## Reconstitution

- Already in solution
- **Draw up using a 5 micron filter needle (ampoules)**
- Shake before use
- **Replace infusion after 12 hours**
- **For single administration in an individual patient**

## Methods of intravenous administration

### Sedation in patients in the intensive care unit

#### Continuous intravenous infusion (administer using an electronically controlled infusion device)

- Administration via **central line or a large peripheral vein** <sup>(ref 1)</sup>
- Draw up required volume (50mL) and administer using a syringe driver

#### Bolus Intravenous Injection

- Administer required dose as a bolus intravenous injection

## Dose in adults

### Sedation in the intensive care unit:

- The dose should be adjusted according to the depth of sedation required
- Usual administration rates are in the range of 0.3 to 4mg/kg/hour.
- Titrate every 5 to 10 minutes in increments of 0.3 to 0.6mg/kg/hour <sup>(ref 1)</sup>

### Status Epilepticus (unlicensed use) <sup>(ref 1)</sup>

- **Loading dose**

- Give 1 to 2mg/kg followed by 0.5 to 2mg/kg every three to five minutes until seizures are suppressed
- **Maximum total loading dose** is 10mg/kg
- **Continuous intravenous infusion**
  - Initial rate of 1.2mg/kg/hour titrated to cessation of electrographic seizures or burst suppression
- **Usual dose range:** 1.8mg to 3.6 mg/kg/hour
- **Maximum dose:** 12mg/kg/hour
- Use with caution in doses greater than 4.8mg/kg/hour for greater than 48 hours

## Monitoring

- Monitor blood pressure, ECG and monitor for respiratory depression (pulse oximetry)
- Propofol-related infusion syndrome (PRIS) is a rare complication of propofol. It is generally associated with doses of greater than 4mg/kg/hour and prolonged use greater than 48 hours
- Characteristics of PRIS include metabolic acidosis, rhabdomyolysis, hyperkalaemia, hepatomegaly, renal failure, hyperlipidaemia, cardiac arrhythmia and cardiac failure
- May cause local pain, swelling and/or tissue necrosis
- Monitor for hypertriglyceridaemia- discolouration of urine <sup>(ref 2)</sup>

## Storage

- Store below 25°C
- Do not freeze

## References

Propofol Injection 1% (Fresofol) SPC Fresenius Kabi September 2019

1.UptoDate accessed online 19/01/2021

2.Medusa NHS Injectable Medicines Guide assessed online 20/01/2021

## Therapeutic classification

Short acting general anaesthetic agent