

## 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
- The decision by the hospital to only stock the 1% formulation is a deliberate decision

## Available preparations

Propofol - Lipuro 1% 200mg per 20mL ampoule (Braun)

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

Other strengths and volumes are not stocked at this time

## Reconstitution

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

## Infusion fluids

Dilution not advised in GUH at this time (consult pharmacy if considering)

## 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>
- Rates of infusion in excess of 4mg/kg/hour are NOT recommended

### Status Epilepticus (unlicensed use) <sup>(ref 1,2)</sup>

- **Loading dose**
  - Give 1 to 2mg/kg followed by 0.5 to 2mg/kg every three to five minutes until seizures stop
  - **Maximum total loading dose** is 10mg/kg
- **Continuous intravenous infusion**
  - Initial rate of 1.2mg/kg/hour titrated over next 20 to 60minutes to cessation of electrographic seizures or burst suppression
- **Usual dose range:** 1.8mg to 3.6 mg/kg/hour
- **Maximum dose:** Doses in excess of 5mg/kg/hour require written instructions by anaesthetist or neurologist due to the risk of propofol infusion syndrome. In the short-term doses up to 12mg/kg/hour have been used in clinical practice. Use beyond 48 hours is NOT advised in the ED-resus setting.

## 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<sup>0</sup>C
- Do not freeze

## References

Propofol Injection 1% (Fresofol) SPC Fresenius Kabi March 2022

1.UptoDate accessed online 15/01/2025

2.Medusa NHS Injectable Medicines Guide assessed online 15/01/2025

## Therapeutic classification

Short acting general anaesthetic agent