ORDERS FOR TREATMENT

☐ **STAT / NOW**

CIRCLE NAME OF DRUG IF A

GENERIC EQUIVALENT IS NOT ACCEPTABLE

DATE	TIME	**PROPOFOL INFUSION - CCS (PLEASE CIRCLE ALL THAT APPLY)**
		Patient weight:_____kg
		1. Propofol Infusion Standard Protocol
		• Initiate the infusion at 0.1 mg/kg/hour
		• Titrate the infusion by 0.3 - 0.6 mg/kg/hour every 3 - 5 minutes as needed.
		• Propofol infusion tubing changed every 6 – 12 hours or every third bottle
		• Chart both the rate of infusion and the dose in mg/kg/hour.
		• Titrate the infusion to a RAAS score of -1 (Calm and cooperative)
		• Maximum propofol infusion rate of 5 mg/kg/hour. DO NOT EXCEED.
		• ABG, BMP, lactic acid level, and CPK daily.
		• Discontinue lactic acid level and CPK when propofol discontinued.
		Changes to the standard protocol are indicated below as needed
		2. Initiate the infusion at_____mg/kg/hour
		(Suggest 0.1 - 0.5 mg/kg/hour for the non-agitated patient and 1 mg/kg/hour for the agitated patient)
		3. Titrate the infusion to: a. Keep intracranial pressure less than _____mmHg
		b. _____EEG bursts per minute
		c. Titrate to Motor Activity Assessment Scale (MAAS): (circle one)
		1) Responsive only to noxious stimulus: MAAS score 1
		2) Responsive to touch and name: MAAS score 2
		3) Calm and cooperative: MAAS score 3
		d. Other_____
		Provider_____Date____/____/____Time____:____Beeper #_____
		Orders not valid without signature, date and time

Propofol is a sedative and amnesic agent, it provides no analgesia. It has a rapid onset (1 minute) and rapid recovery (10 minutes), no active metabolites and does not need dose adjustment in renal and hepatic failure. It is most often given as a continuous infusion. It is hydrophobic and must be in a lipid base (same lipids that are used for TPN; it provides 1.1 kcal/ml). It has many uses including a substitute for benzodiazepines and narcotics in the delirious patient, use in the neurological impaired patient to allow periodic discontinuation of medication for accurate neurological assessment.

The propofol dose maximum infusion rate is intended to minimize the occurrence of Propofol Related Infusion Syndrome. PRIS occurs rarely in patients who receive propofol at high dose (greater than 5 mg/kg/hr) for more than 72 hours. Keeping the dose below this threshold will minimize the risk of occurrence but will not completely eliminate it. PRIS frequently begins as a metabolic acidosis, often with an elevated lactic acid level. The acidosis is typically followed by arrhythmia, sometimes rhabdomylosis, followed then by refractory hypotension unresponsive to vasopressors. Treatment is to immediately discontinue the propofol and to provide supportive therapy.