



CULLMAN
REGIONAL

PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

Propofol (Diprivan) Infusion Order Set

This order set is for intubated adult patients only and should be discontinued prior to extubation. Propofol is an optional method for short-term continuous sedation or for sedation in adult patients requiring neurological examinations. Duration of therapy should be 3 days or less unless for neurosurgical patient.

Specify Goal: Target to RASS Goal of -1 to +1 unless otherwise specified below:

Richmond Agitation-Sedation Scale

- | | |
|---|---|
| <input type="checkbox"/> +4 Combative | Overly combative or violent; immediate danger to staff |
| <input type="checkbox"/> +3 Very Agitated | Pulls on or removes tubes or catheters or has aggressive behavior toward staff |
| <input type="checkbox"/> +2 Agitated | Frequent nonpurposeful movement or patient-ventilator dyssynchrony |
| <input type="checkbox"/> +1 Restless | Anxious or apprehensive but movements not aggressive or vigorous |
| <input type="checkbox"/> 0 Alert and Calm | |
| <input type="checkbox"/> -1 Drowsy | Not fully alert but has sustained (more than 10 seconds) awakening, with eye contact to voice |
| <input type="checkbox"/> -2 Light Sedation | Briefly (less than 10 seconds) awakens with eye contact to voice |
| <input type="checkbox"/> -3 Moderate Sedation | Any movement (but no eye contact) to voice |
| <input type="checkbox"/> -4 Deep Sedation | No response to voice, but any movement to physical stimulation |
| <input type="checkbox"/> -5 Unarousable | No response to voice or physical stimulation |

Order set must be renewed every 48 hours. Duration of therapy should be <3 days.

Concentration, Dosing and Titration protocol:

1. Standard Concentration: 1000 mg/100 ml
2. Initial Infusion: 5 mcg/kg/min. Increase by 5-10 mcg/kg/min every 5-10 minutes until sedation level is achieved
3. Maximum: 50 mcg/kg/min

Monitoring Parameters, Cautions, and Considerations:

May be given in ER and CCU only.

1. Weigh patient and use Propofol nomogram for infusion rates based on patient's weight
2. Use a dedicated IV line with strict aseptic technique in handling and do not administer with blood or plasma
3. Tubing and any unused portions of Propofol should be discarded after 12 hours and do not use filter < 5 micron
4. Place sign on pump for individual maximum limit of infusion rate. **If greater than 50 Mcg/Kg/min is required for sedation or use greater than 96 hours, the provider should be notified.** See the Pain Agitation Delirium Order Set
5. Assess and document level of sedation 15 minutes after dosage adjustments and every hour
6. Place 1 inch of Lacrilube in both eyes once each shift and every hour PRN dryness
7. Obtain serum triglyceride levels prior to initiation of therapy and every 72 hours thereafter. Monitor for signs of intolerance: Propofol Infusion Syndrome, hemodynamic instability, CPK>5000 IU/L, triglycerides>500 mg/dl
8. NG to low wall suction. Do not remove NG tube until ordered. **(Oral gastric tube preferred)**
9. Change position of patient at least every 2 hours with HOB elevated 30 degrees unless contraindicated
10. Coordinate Sedation Vacation (SAT and SBT) with Respiratory Therapy with dayshift each am
11. Assess the need for restraints to prevent dislodgement of lines & tubes

Contraindication:

Hypersensitivity to eggs, egg products, soybeans or soy

Physician Signature: _____ **Date & Time:** _____

Cullman Regional Medical Center Please use Ball Point Pen ONLY Physician's Orders

DO NOT USE: U IU QD QOD MS MSO4 MgSO4 Leading or Trailing Zero

Reviewed and approved by MEC: 6/18