

**NEBRASKA BOARD OF MEDICINE AND SURGERY
OPINION ON THE USE OF PROPOFOL BY PROVIDERS OTHER THAN ANESTHESIOLOGISTS AND
CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA'S)**

The use of propofol outside of the critical care setting by nonanesthesiologists/CRNAs should be thoughtfully and carefully considered.

The person administering the drug should:

1. Possess an unrestricted license;
2. Have no other responsibilities other than monitoring the patient and administering the drug, should not participate in the procedure;
3. Have ACLS certification;
4. Have airway management skills;
5. Be familiar with basic monitoring including cardiac rhythms, pulse oximetry, exhaled carbon dioxide, blood pressure monitoring;
6. Be capable of rescuing patient from deeper levels of sedation than intended, as there are no propofol reversal agents. The sedation of a patient is a continuum and excess sedation may approach general anesthesia;
7. Have met the criteria set by their facility for deep sedation privileges;

The physician requesting the sedation should:

1. Have requisite skills to rescue the patient from deep sedation/general anesthesia if the sedation provided by non-anesthesia personnel becomes excessive;
2. Be skilled in airway management;
3. Be knowledgeable and capable in ACLS skills and airway management skills;
4. Be continuously present from the initiation of sedation through recovery;
5. Have an unrestricted license.

The equipment that must be immediately available at a minimum shall include:

1. Reliable oxygen delivery source and associated equipment- if the oxygen is from a portable source the remaining oxygen should be verified;
2. Suction capability;
3. Pulse oximetry equipment;
4. Cardiac monitor;
5. Blood pressure monitoring equipment;
6. Exhaled carbon dioxide monitoring apparatus;
7. Resuscitation equipment and pharmacologic agents.

Dated: August 29, 2014