

Propofol

Potential SALAD	
Ensure selection of the correct strength of propofol	
Form	10mg/mL (1%) in 20mL ampoules 10mg/mL (1%) in 50mL bottles 20mg/mL (2%) in 50mL bottles (Propofol-Lipuro®, ITU and theatres only)
Reconstitution	Already in solution- Shake before use Draw up using a 5 micron filter needle (ampoules) Propofol 1% May be diluted if required – final concentration should not be below 2mg/mL
Compatibility & Stability	Glucose 5% Sodium chloride 0.9%
Administration	IV Injection 20mL vials propofol 1% used Administer required dose as a bolus IV injection IV Infusion (Continuous)
	IV Infusion (Continuous) 50mL bottles used, given via syringe or volumetric infusion pump to control rate of infusion. Ensure selection of the correct strength of propofol – 1% or 2%
Monitoring	 Monitor ECG, oxygen saturation, end tidal carbon dioxide, blood pressure. Triglycerides should be monitored at least every two days Propofol Infusion Syndrome (PIS) 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 PIS include metabolic acidosis, rhabdomyolysis, hyperkalaemia, hepatomegaly, renal failure, hyperlipidaemia, cardiac arrhythmia and cardiac failure
Additional Information	 Vials or bottles once opened should be discarded after 12 hoursif diluted, discard after six hours. A microbiological filter is not recommended. Due to the risk of propofol infusion syndrome, the maximum dosage should not be exceeded. The duration of administration must not exceed 7 days. Propofol products contain soya-bean oil and egg derivatives. The Royal College of Anaesthetists advises it is safe to use propofol in adult patients hypersensitive to peanuts, soya and egg but more studies are required in children.

Information provided relates to Propofol 1% (Fresenius Kabi) Propofol 2%-Lipuro (Braun)