



STATEMENT ON THE USE OF PROPOFOL BY NON-ANESTHESIA SPECIALTIES

The American Academy of Anesthesiologist Assistants (AAAA) has noted recent moves by some non-anesthesia physician specialties (i.e., gastroenterology, emergency medicine, pediatrics, etc.) to permit the use of propofol for deep sedation during surgical/diagnostic procedures. We support the stance that anesthetic drugs, such as propofol, should be given only by trained anesthesia personnel under the oversight of a qualified physician anesthesiologist.

Currently, the package insert for propofol (Diprivan®), as referenced in section 2.1, *Important Dosage and Administration Information* at Pfizer Medical Information, states:

“For general anesthesia or monitored anesthesia care (MAC) sedation, DIPRIVAN Injectable Emulsion should be administered only by persons trained in the administration of general anesthesia and not involved in the conduct of the surgical/diagnostic procedure.”

The AAAA stands by the two primary messages of this statement: 1) propofol should be administered only by practitioners trained in the administration of general anesthesia, and 2) those individuals should not be directly and concurrently engaged in the surgical/diagnostic procedure. This ensures their full attention is dedicated to monitoring the patient’s response to sedation and promptly identifying signs of heart or breathing problems. This principle supports the best practice of having an independent practitioner focus solely on drug administration and patient monitoring during any surgical/diagnostic procedure. This approach allows the practitioner performing the procedure to concentrate fully on their task, enhancing patient safety.

Propofol is a potent anesthetic drug with the same risks as general anesthesia. Patients can react unpredictably to this medication. As the level of anesthesia can change rapidly with propofol administration, the clinician administering such drugs must be able to recognize and promptly address any complications associated with general anesthesia. Furthermore, propofol is distinct from other sedation drugs (i.e., benzodiazepines and narcotics) because no medication can reverse its effects.

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Simply put, it's in the patients' best interests to restrict the use of such an anesthetic to anesthesia practitioners. These professionals are trained to administer this drug and equipped to recognize, diagnose, and respond appropriately to its unintended effects. Anesthesia practitioners, including anesthesiologists, anesthesia residents in training, Certified Anesthesiologist Assistants (CAAs), and Certified Registered Nurse Anesthetists (CRNAs), possess the clinical knowledge and technical skills necessary to manage any breathing or heart problems that might result from propofol administration.