

**VERMONT BOARD OF NURSING**  
**THE ROLE OF THE NURSE IN THE**  
**ADMINISTRATION OF PROPOFOL (DIPRIVAN)**  
**POSITION STATEMENT**

**Question: Is it within the scope of practice of a Registered Nurse to administer Propofol?**

**Definitions**

**Propofol - (Diprivan, Disoprofol)**

• A general anesthetic used to induce or maintain anesthesia as part of balanced anesthetic technique; or used for sedation in mechanically ventilated patients.

**Palliative Sedation**

• Monitored use of medication intended to provide relief of refractory or unendurable symptoms by inducing various degrees of unconsciousness, but not death, in imminently dying patients.

**Deep sedation/analgesia**

• A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimuli. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

**Scope of Practice**

It is within the scope of practice of an RN, under the direction of an attending physician, to administer Propofol in the following settings and specific patient conditions:

- In critical care settings to intubated, ventilated patients;
- In critical care settings during intubation procedures (Rapid Sequence Intubation RSI);
- In settings where patients are receiving palliative sedation at end-of-life.

**Administration, Management and Monitoring**

The specific circumstances which would permit the RN to administer Propofol are:

- The physician will order the dosage and titration of the drug
- There are well defined institutional policies and procedures supportive of the administration and monitoring of this drug
- There are resources necessary to provide safe implementation and monitoring of the administration of this drug
- The nurse has the knowledge skills and abilities to administer this drug as evidenced by the completion of a theoretical and clinical component of an educational program
- There is documentation of continuing competence.

**This Position Statement represents the Board's current thinking. Position statements are not legally binding.**

**Approved: May 2007**