



## **Position Statement: Administration of Propofol, Etomidate, Neuromuscular Blocking Agents, and Ketamine**

Because sedation is a continuum, it is not always possible to predict how an individual patient will respond. Due to the potential for rapid, profound changes in patient conditions during sedation/anesthesia, agents such as Propofol require special attention.

Whenever Propofol is used for sedation/anesthesia, it should be administered only by persons trained in the administration of general anesthesia, who are not simultaneously involved in the surgical or diagnostic procedure. This restriction is concordant with specific language in the Propofol package insert, and failure to follow these recommendations could put patients at increased risk of significant injury or death.

### **Procedural Sedation**

It is **not** within the scope of practice of the registered nurse (RN) who is not a Certified Registered Nurse Anesthetist (CRNA) to administer agents used primarily as anesthetics for sedation, including Propofol (American Association of Nurse Anesthetists – American Society of Anesthesiologists Joint Statement Regarding Propofol Administration, 2004). This would include the non-intubated patient undergoing procedures, including but not limited to, invasive cardiology, invasive radiology, endoscopic gastro-intestinal procedures, invasive bronchoscopy, and emergent procedures.

### **Intubated and Mechanically Ventilated Patients in Critical Care Settings**

It is within the scope of practice for the registered nurse (RN) to administer intravenous Propofol to the intubated, mechanically ventilated patient in continuous and bolus dosing, for ongoing sedation/analgesia within the Critical Care setting.

### **Emergency Airway Management in a Hospital Setting**

The registered nurse (RN) may administer Propofol, Etomidate, and neuromuscular blocking agents (only Succinylcholine, Rocuronium, and Vecuronium) to the non-intubated patient in a hospital setting for the purpose of rapid sequence intubation when the clinical presentation of impending respiratory failure is imminent. This will be done in the presence of, and under the direction of, a physician, a certified nurse practitioner, and/or certified registered nurse anesthetist credentialed in emergency airway management. It is important to always follow your facility's policies and procedures.

### **RN Competencies**

Prior to drug administration, registered nurses (RN) must demonstrate knowledge and skills which include evidence of education, training, and ongoing competency. Competencies may include but are not limited to, ACLS/PALS certification and conscious sedation monitoring.

### **Ketamine**

It is **not** within the scope of practice for the RN to administer Ketamine for **sedation purposes** only.

The RN may administer low-dose or sub-anesthetic Ketamine, or its derivatives for pain/analgesia, palliative care, or the treatment of mental health disorders. This will be done in the presence of and with an order from a licensed provider (a physician, a certified nurse practitioner, and/or certified registered nurse anesthetist). The facility's policies and procedures must clearly:

1. define the distinction between pain management dose and sub-anesthetic dose
2. specify the necessary training/education in emergency interventions for the licensed provider ordering and the RN administering Ketamine.

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