Securing Propofol
Formerly Position Statement Number 2.14

The American Association of Nurse Anesthetists (AANA) has a history of supporting the well-being and professional self-care of the Certified Registered Nurse Anesthetist (CRNA). The AANA is aware of the occupational risks for substance misuse in anesthesia professionals and the professional implications chemical dependency may have for the practitioner.\(^1\) The ease of access to propofol may contribute to the incidence of substance misuse and chemical dependency among anesthesia professionals and other healthcare providers.\(^2\)-\(^4\) The purpose of this statement is to promote the securing of propofol in facilities as an effort to reduce propofol diversion and misuse.

Since the introduction of propofol into the healthcare market, its misuse through self-administration by anesthesia professionals and other healthcare providers has been documented.\(^5\),\(^3\),\(^5\),\(^6\) Propofol produces dose-dependent sedation. At sub-anesthetic doses feelings of elation and euphoria have been reported.\(^7\)-\(^10\) Unfortunately, too often the first sign of propofol misuse or addiction is the healthcare provider’s death.\(^2\),\(^3\),\(^5\),\(^6\)

Fospropofol, the pro-drug to propofol, is classified under Schedule IV of the Controlled Substances Act.\(^1\) Propofol’s potential for misuse and chemical dependency also warrants Schedule IV classification.\(^2\),\(^4\),\(^7\),\(^11\)-\(^13\) The AANA recommends that facilities that maintain propofol on formulary develop and implement methods for reducing the likelihood of propofol diversion and misuse, such as placing propofol in a secure environment. However, simply securing propofol may not be enough to prevent substance diversion and misuse, therefore further investigation is needed to determine the most effective methods for preventing substance diversion and misuse in general.

References

