Propofol: Don’t Overlook This Drug

If abused, this drug has a high mortality rate
By Kim New, JD, BSN, RN

Propofol is a hypnotic/amnestic agent widely used in procedural and intensive care settings. While not a federally controlled medication, propofol has known abuse potential and consequently has been scheduled in some states.

Regardless of what controls are required or are in place, propofol abuse by healthcare personnel is on the rise. It is an extremely dangerous drug and its diversion and misuse can pose a substantial risk to staff, patients and the community. There is a high mortality rate among staff who abuse propofol. Members of the community have been harmed by staff that diverted propofol and drove a vehicle under its influence.

Even where propofol handling standards are not explicit, regulatory investigators and auditors are increasingly asking facilities about their propofol management. Because of the risks, all institutions must make sure that propofol is monitored and secured. Every institution should assess the processes they have in place to reduce the opportunities for the diversion and abuse by staff and others.

Audits within the pharmacy

Audits of propofol should start in the central pharmacy. Determine your state’s requirements and whether your facility treats propofol as a controlled substance. Be sure applicable state requirements and facility practices have been documented in a relevant policy.

Each facility should be undertaking ongoing monitoring of propofol needs and procurement trends. Ask your pharmacist in charge for several months of propofol procurement records. Departments showing increasing volume should be researched to confirm diversion is not the cause for the procurement change.

Inspect storage areas within the pharmacy, particularly those where secondary or overflow stock is located. Ensure propofol is not readily accessible to unauthorized staff or others. Propofol stock takes up considerable space compared to other drugs, so the pharmacy may need to develop innovative security storage approaches.

Audits outside the pharmacy

The best approach for propofol handling outside of the pharmacy is to ask for a report of propofol storage locations and the expected quantities at each. With this report, visit each location and verify on-hand quantities. Discrepancies should be recorded and followed up to determine the cause. Substantial discrepancies should be addressed by the pharmacy and the management of the respective area. Process improvement measures may be necessary to enhance tracking and resolve disparities between expected and actual counts.

Audit steps

When you conduct the audit, there are a number of issues to consider to ensure the storage and use of propofol is under sufficient control and security. See the sidebar for steps to a good baseline audit.
Baseline audit for propofol handling

1. Speak with staff and observe propofol use in each clinical and procedural setting. Similar areas, such as medical critical care and surgical critical care, may handle propofol in disparate ways.

2. Identify every location where propofol is stored and evaluate the security of the storage methods.

3. Determine how propofol is removed from storage, whether it is stored temporarily pending use, how its use is recorded and how it is disposed of. There should be a means of tracking its use and connecting the removal to a particular patient.

4. Check carts, drawers and other areas where propofol may have been stockpiled. I have seen propofol stashed on windowsills and in computer cart drawers by providers who claim they need it readily available and cannot take time to remove it from the proper storage location.

5. Observe sharps containers and pharmaceutical waste repositories for vials and tubing containing propofol. Intact vials and propofol-filled tubing pose substantial risks for diversion.

6. If policy treats propofol as a controlled medication and includes a requirement that waste be witnessed, is the policy being followed?

7. Because of the volume of propofol used in procedural areas, if designated waste receptacles are in use for controlled substance waste, are they filling up and being replaced regularly? If not, propofol waste may be occurring in nonsanctioned areas such as sharps containers or waste cans.

8. In areas where anesthesia staff uses propofol, check the environment before and after cases. Is propofol drawn up prior to a case and left unsecured, in injectable form, while nonauthorized staff are present preparing the room? Is propofol left out after the case is finished while nurses, surgical technicians and anesthesia technicians clean the room? Ask anesthesia staff about other locations where propofol might be stocked, such as transport bags and rapid response packs.

Regular reviews
Propofol audits should be followed up by regular reviews of propofol stock. Include quantities, storage and waste during diversion risk rounds\(^4\) to ensure there are no discrepancies, that tracking is accurate and opportunities for diversion are minimized. By ensuring compliance in propofol handling, auditors can help keep everyone safe.  


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I’ve got a theory that if you give 100% all of the time, somehow things will work out in the end.
~ Larry Bird

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