Propofol is chemically described as 2,6-diisopropylphenol. The structural formula is shown below:

\[
\text{C}_8\text{H}_{15}\text{CH}_2\text{OH}
\]

It is a colorless, volatile oil with an odor of phenol.

PHARMACOKINETICS

The pharmacokinetics of propofol do not appear to be different in people with conditions such as obesity, sleep apnea, or cardiovascular disease compared to healthy individuals. In patients with renal impairment, the clearance of propofol is reduced, and the mean residence time is increased. There is no evidence that the pharmacokinetics of propofol are altered in people over the age of 65. Although there are reports of decreased clearance in patients with liver disease, this is not a significant issue in clinical practice.

INDICATIONS AND USAGE

DIPRIVAN Injectable Emulsion 2% is indicated for the induction and maintenance of general anesthesia and sedation in adults and children 2 months to 10 years of age. It is also indicated for ICU sedation in adults over the age of 16 years.

DOSAGE AND ADMINISTRATION

The induction dose requirements of DIPRIVAN Injectable Emulsion may be reduced in patients with intramuscular or intravenous premedication, particularly those with history of general inhalation anesthesia. These patients usually require a smaller dose of propofol to produce general anesthesia.

In the pediatric population, the maintenance rate of DIPRIVAN Injectable Emulsion is approximately 0.1 to 0.5 mg/kg/min, depending on the patient's age and the desired level of sedation. The maintenance rate must be reduced in children with renal impairment.

Geriatric Use

The maintenance rate of DIPRIVAN Injectable Emulsion is lower in patients 65 years of age and older, with an average dose of 23 (CH 23) mcg/kg/min. The induction dose requirements of DIPRIVAN Injectable Emulsion may also be reduced in patients with intramuscular or intravenous premedication, particularly those with a history of general inhalation anesthesia.

In patients with psychiatric disease, adequate sedation was maintained with 55 to 60 mcg/kg/min. In patients with gastrointestinal disease, adequate sedation was maintained with 27 to 33 mcg/kg/min.

DIPRIVAN Injectable Emulsion was administered by infusion in a controlled fashion to maintain a standardized depth of sedation.

In post-CABG (coronary artery bypass graft) patients, the maintenance rate of DIPRIVAN Injectable Emulsion was 38 mcg/kg/min. Although there are reports of decreased clearance in patients with liver disease, this is not a significant issue in clinical practice.

A lower induction dose and a slower maintenance rate of administration are indicated in patients with renal impairment. A glucuronide conjugate accounts for approximately 50% of the total dose excreted in the urine, and renal excretion is the primary route of elimination. A glucuronide conjugate is excreted in the urine, and renal excretion is the primary route of elimination.

Distribution

DIPRIVAN Injectable Emulsion is a non-pyrogenic, non-turbid injectable emulsion of propofol.

Stability

DIPRIVAN Injectable Emulsion is a non-pyrogenic, non-turbid injectable emulsion of propofol. It is supplied as a clear, colorless, sterile, stable, non-pyrogenic, non-turbid injectable emulsion of propofol. Each mL contains 20 mg of propofol, 0.9% sodium chloride, and 0.2% polysorbate 80. It is supplied as a clear, colorless, sterile, stable, non-pyrogenic, non-turbid injectable emulsion of propofol.

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DIPRIVAN Injectable Emulsion, possibly due to reduction of the sympathetic
maintenance infusion rates. Changes is proportional to the blood and effect site concentrations achieved.

ADMINISTRATION

anesthesia, titrated to clinical responses, will generally result in reduced induction

Neurosurgical patients

General

pediatric patients

DOSAGE AND ADMINISTRATION

the onset of anesthesia. As with other sedative-hypnotic agents, the amount

surgery. The incremental boluses should be administered when changes in vital

Reactions

Incidence less than 1% - probably Causally Related

ECG Abnormal

Bradycardia

Lymphatic: Leukocytosis

Swallowing, Vomiting

Opisthotonos, Rigidity, Seizures, Euphoria, Fatigue, Hallucinations, Delirium, Depression,

Infarction, Myocardial Ischemia, Heart Failure, Hyperglycemia, Dehydration, Somnolence, Seizures, Hypertension, Chills/Shivering

OVERDOSAGE:

procedures as appropriate to the clinical setting.

maintenance of MAC sedation during surgical/diagnostic procedures. When

Emulsion should be reduced to approximately 80% of the usual adult dosage in

increases in sedation depth, and prolongation of recovery.

repeated) bolus dose administration should not be used for MAC sedation (see

administration. In the elderly, debilitated, or ASA-PS III or IV patients, rapid

sedation, a variable rate infusion is preferable over intermittent bolus dose

patients, the rates of DIPRIVAN Injectable Emulsion administration will be in the

3 mg/kg/h) individualized and titrated to clinical response (see

Most adult ICU patients recovering from the effects of general anesthesia

From the effects of general anesthesia or deep sedation, the rate of administration

3 mg/kg/h) during the first 10 to 15 minutes of sedation maintenance. Infusion

repeated) bolus dose administration should not be used for MAC sedation (see

Most patients require 80% of the usual adult dose.

A variable rate infusion technique is preferable over

Maintenance of Healthy Adults Less Than 55 Years of Age:

Fresenius Kabi USA, LLC

Debate about the use of a variable rate infusion technique is necessary to:

Drug Interactions

One potential use of opioids is as an initial agent in the management of pain.

injectable form and a small percentage in a dilute form. As a result, always keep in

The development of certain adverse reactions such as respiratory depression is

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