Health and Human Services Committee:

I am a dual certified, dual licensed nurse practitioner in the state of Rhode Island. I work in the neurocritical care unit at Rhode Island Hospital as an adult-gero acute care nurse practitioner. I manage critically ill, intubated patients with absolutely devastating neurological injury. The House Bill H8237 has been brought to my attention that the use of certain medications, specifically propofol, an intravenous sedative and its use by nurse practitioners has been under question.

Many of our patients are unable to safely breathe on their own and are ventilated via endotracheal tube. Light sedation (measured using the RASS scale [Richmond Agitation-Sedation Scale]) is used to ensure that our patients are safely and comfortably sedated. Without this sedation, patients will experience significant anxiety, and psychological suffering. Physically they would certainly experience dangerous dyssynchrony with the ventilator, and even risk traumatic and premature removal of their endotracheal tubes. Without an airway a person will die.

In addition to light sedation this sedative remains a staple in the management of a variety of ailments in neurocritical care. Propofol is used to manage a variety of high acuity, life threatening illnesses that I, as a nurse practitioner working in the intensive care unit, am trained to manage and promptly treat. This includes management of status epilepticus, elevated intracranial pressure, and sympathetic storming following a traumatic brain injury to name a few. The decision to use propofol is often a split second decision made in an emergency and simply cannot wait for an anesthesiologist or nurse anesthetist to arrive on the unit, which can take upwards of a half hour. Time is brain and to wait on these decisions is to risk irreversible brain injury and subsequent death.

The neurocritical care unit, among other various intensive care units across the state of Rhode Island are primarily staffed by nurse practitioners. Nurse practitioners working in critical care have appropriate training in prescribing propofol, managing its effects, and titrating as necessary through use of continued education and mandatory modules. Removing the use of propofol from the nurse practitioners' scope of practice will inevitably cause an immediate collapse of these intensive care units throughout our state, in a time when hospitals are already bursting at the seams and desperate for more licensed and experienced providers to manage the patients in need.

As previously discussed, there are many uses for propofol outside of general anesthesia inside of the operating room. To take the right to prescribe this medication away from nurse practitioners, will cause unnecessary patient trauma, suffering, and in some cases lead to exponentially increased mortality and even death.

I beg you to reconsider this action and opposing house bill H8237. Please think of the fragile and vulnerable patients that will be affected by this decision.

Thank you for your time and your consideration.

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