

Steven Sepe

From: Raymond Cord <rcord@me.com>
Sent: Tuesday, May 14, 2024 8:15 PM
To: Rep. Donovan, Susan R
Cc: Rep. Fenton-Fung, Barbara Ann
Subject: H 8237

Follow up information

Despite testimony to the contrary, there are several studies that show the safe use of propofol by RNs in the endoscopy suite.

Propofol sedation during endoscopic procedures: how much staff and monitoring are necessary? gjejournal.org

Clinical Endoscopy and Imaging 2024;7:1005-1014

Safety and Effectiveness of Nurse-Administered Propofol Sedation in Outpatients Undergoing Gastrointestinal Endoscopy



Masaruichi Eto,^{1,2} Akira Horikuchi,¹ Michio Teraki,¹ Yasuyuki Ichino,¹ Masashi Kajiyama,¹ Yuta Yamamoto,¹ and Masaki Tanaka¹

¹Division of Gastroenterology, School of Medicine, Keio University, Japan; ²Department of Pediatrics, Juntendo University Faculty of Medicine, Tokyo, Japan

BACKGROUND & AIMS: Endoscopy-assisted sedation (EAS) and sedation are common outpatient gastrointestinal endoscopic procedures that propofol can facilitate. We aimed to identify a protocol that combines safety with cost effectiveness.

METHODS: We collected data from consecutive outpatients (age, 10–90 y) who underwent diagnostic EGD (n = 117,647) or colonoscopy (n = 22,529) with propofol sedation from January 2016 through December 2016. Propofol was administered by a nurse who had completed an approved standard protocol, up to a total of 200 mg. The primary outcome measure was occurrence of adverse events within 24 hours. Secondary outcomes included critical rates of procedure success, respiratory depression, and other propofol-related adverse events.

RESULTS: The median dose of propofol administered for EGD was 77 mg (range, 20–160 mg) and for colonoscopy was 80 mg (range, 40–200 mg). Among patients undergoing EGD, those younger than 41 years required 1.5-fold more propofol than patients 61–80 years old. The only adverse event was the transient need for supplemental oxygen, required by 154 patients (1.3%) during EGD (1.4%), and 281 undergoing colonoscopy (1.2%). Patients were discharged after the sedation and at least 24.7% (range, 14–34%) from sedation time. No hospital stays were required in 24-hour period within 24 hours after receiving propofol sedation.

CONCLUSIONS: Nurse-administered propofol sedation using an approved standard protocol up to a maximum of 200 mg is safe and practical for outpatient gastrointestinal endoscopy.

Keywords: Endoscopy; Endoscopy; Endoscopy; Endoscopy; Quality of Care.

See related editorial on page 1022.

Standardized sedation is one of the most common of endoscopic procedures. In the United States, the majority of endoscopy procedures (EGD) and colonoscopies were performed in freestanding endoscopy centers. The Japanese population increasingly prefers ambulatory, hospital, endoscopy centers. In addition, the requirement that the patient be accompanied and is prohibited from driving or returning to work after the procedure may represent a barrier to endoscopy, especially in colonoscopy screening for colorectal cancer prevention. Any approach that would shorten the duration of procedure after sedation to allow healthy individuals to return to home or work would also reduce endoscopy likely would be cost-effective and improve acceptance of screening endoscopy.

Standard sedation involves the sedation of patients by a physician or other qualified personnel. The hospital established the policy of routine discharge of healthy sedated patients in several studies 1 hour after sedation (EAS) or sedation using propofol sedation. This recommendation was based on data concerning post-procedure recovery after sedation, gastrointestinal endoscopy and current recommendations for propofol sedation. Here, we review our 11-year experience with regard to the safety and effectiveness of propofol sedation after outpatient EGD and colonoscopy based on a prospective study of consecutive patients.

Submitted as an abstract to the 2024 American Society of Gastrointestinal Endoscopy (ASGE) Scientific Sessions, April 14–18, 2024, San Francisco, CA.

© 2024 by the ASGE. All rights reserved. No part of this article may be reproduced without permission. DOI: 10.1053/j.gie.2024.04.014

showPdf
PDF Document · 215 KB

nlm.nih.gov



Thank you,
Ray Cord MHP, PA-C