Scandinavian Journal of Gastroenterology ›
Volume 46, 2011 - Issue 12

Endoscopy

Nurse-administered propofol sedation for gastrointestinal endoscopic procedures: first Nordic results from implementation of a structured training program

Charlotte Slagelse, Peter Vilmann, Pernille Hornslet, Anne Hammering & Teit Mantoni

Pages 1503-1509 | Received 03 Jun 2011, Accepted 25 Aug 2011, Published online: 04 Nov 2011

Cite this article https://doi.org/10.3109/00365521.2011.619274

Abstract

Introduction. Proper training to improve safety of NAPS (nurse-administered propofol sedation) is essential. Objective. To communicate our experience with a training program of NAPS. Materials and methods. In 2007, a training program was introduced for endoscopists and endoscopy nurses in collaboration with the Department of Anaesthesiology. During a 2.5-year period, eight nurses were trained. Propofol was given as monotherapy. The training program for nurses consisted of a 6-week course including theoretical and practical training whereas the training program for endoscopists consisted of 2.5 h of theory. Patients were selected based on strict criteria including patients in ASA (American Society of Anesthesiologists) group I–III. Results.

2527 patients undergoing 2.656 gastrointestinal endoscopic procedures were included. The patients were ASA group I, II and III in 34.7%, 56% and 9,3%, respectively. Median dose of propofol was 300 mg. No mortality was noted. 119 of 2527 patients developed short lasting hypoxia (4.7%); 61 (2.4%) needed suction; 22 (0.9%) required bag-mask ventilation and 8 (0.3%) procedures had to be discontinued. In 11 patients (0.4%), anesthetic assistance was called due to short lasting desaturation. 34 patients (1.3%) experienced a change in blood pressure greater than 30%. Conclusion. NAPS provided by properly trained nurses according to the present protocol is safe and only associated with a minor risk (short lasting hypoxia 4.7%). National or international structured training programs are at present few or non-existing. The present training program has documented its value and is suggested as the basis for the current development of guidelines.

Key Words::

endoscopy-general endoscopy-interventional general

Declaration of interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

Related Research Data

Automated graphic assessment of respiratory activity is superior to pulse oximetry and visual assessment for the detection of early respiratory depression during therapeutic upper endoscopy
Source: Gastrointestinal Endoscopy
Endoscopist-Directed Administration of Propofol: A Worldwide Safety Experience
Source: Gastroenterology
Sedation, surveillance, and preparation
Source: Endoscopy
Patient-maintained sedation for ERCP with a target-controlled infusion of propofol: A pilot study
Source: Gastrointestinal Endoscopy

A randomized controlled trial on use of propofol alone versus propofol with midazolam, ketamine, and pentazocine “sedato-analgesic cocktail” for sedation during ERCP

Source: Endoscopy

Related research

People also read | Recommended articles | Cited by 35

Endoscopy nurse-administered propofol sedation performance. Development of an assessment tool and a reliability testing model >

Jeppe Thue Jensen et al.

Scandinavian Journal of Gastroenterology

Published online: 3 Jul 2014