

Nonanesthesiologists Safely Deliver Propofol

BY MICHELE G. SULLIVAN

As long as they have received the proper training, nonanesthesiologist physicians and nurses can administer propofol sedation to low-risk patients safely during elective endoscopic procedures, according to a new consensus statement issued jointly by four national gastroenterology and hepatology groups.

The statement—prepared by the American Association for the Study of Liver Diseases, American College of Gastroenterology, American Gastroenterological Association, and American Society for Gastrointestinal Endoscopy—is based on a review of 25 studies comprising almost 470,000 cases in which propofol sedation was administered by nonanesthesiologists during endoscopic procedures.

When administered by properly

trained medical professionals, such sedation is safe as well as both cost effective and clinically effective, wrote Dr. John J. Vargo and his coauthors. “Most studies show that nonanesthesiologist-administered propofol sedation is superior to standard sedation regimens regarding time to sedation and time to recovery,” wrote Dr. Vargo of the Cleveland Clinic and his colleagues.

“Patient satisfaction with propofol se-

dition ranges from equivalent to slightly superior when compared to standard sedation. The use of anesthesiologist-administered propofol for healthy individuals undergoing elective endoscopy without risk factors for sedation-related complications is very costly, with no demonstrated improvement in patient safety or procedural outcome.”

The statement was published in the December issue of *Gastroenterology*. ■

Indication

Humalog (insulin lispro injection [rDNA origin]) is for use in patients with diabetes mellitus for the control of hyperglycemia. Humalog should be used with longer-acting insulin, except when used in combination with sulfonylureas in patients with type 2 diabetes.

Important Safety Information

Humalog is contraindicated during episodes of hypoglycemia and in patients sensitive to Humalog or one of its excipients.

Humalog differs from regular human insulin by its rapid onset of action as well as a shorter duration of action. Therefore, when used as a mealtime insulin, Humalog should be given within 15 minutes before or immediately after a meal.

Due to the short duration of action of Humalog, patients with type 1 diabetes also require a longer-acting insulin to maintain glucose control (except when using an insulin pump). Glucose monitoring is recommended for all patients with diabetes.

The safety and effectiveness of Humalog in patients less than 3 years of age have not been established. There are no adequate and well-controlled clinical studies of the use of Humalog in pregnant or nursing women.

Starting or changing insulin therapy should be done cautiously and only under medical supervision.

Hypoglycemia

Hypoglycemia is the most common adverse effect associated with insulins, including Humalog. Hypoglycemia can happen suddenly, and symptoms may be different for each person and may change from time to time. Severe hypoglycemia can cause seizures and may be life-threatening.

Other Side Effects

Other potential side effects associated with the use of insulins include: hypokalemia, weight gain, lipodystrophy, and hypersensitivity. Systemic allergy is less common, but may be life-threatening. Because of the difference in action of Humalog, care should be taken in patients in whom hypoglycemia or hypokalemia may be clinically relevant (eg, those who are fasting, have autonomic neuropathy or renal impairment, are using potassium-lowering drugs, or taking drugs sensitive to serum potassium level).

For additional safety profile and other important prescribing considerations, see accompanying Brief Summary of full Prescribing Information.

Please see full user manual that accompanies the pen.

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Humalog

insulin lispro injection (rDNA origin)