

Propofol Allergy: Assessing for Patient Risks

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Purpose/Goal

To educate perioperative nurses about assessing patients for propofol allergy risk factors.

Objectives

1. Describe the actions of propofol.
2. Discuss propofol administration.
3. Identify signs and symptoms of propofol allergy.
4. Describe the perioperative nurse's role in caring for the patient with allergies that may affect the use of propofol.

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ABSTRACT

Allergies to certain foods such as soybeans and eggs contraindicate the use of propofol, a short-acting hypnotic medication used by many anesthesia care providers. Understanding the safe use and handling of propofol and communicating known patient allergies to all surgical team members is crucial to providing safe perioperative care. The perioperative nurse's preoperative assessment supports and improves the plan of care for the patient by identifying the patient's risk factors. Obtaining a correct and precise history of allergies, not only to medication but to food, and concise hand-off reporting are essential for patient safety. *AORN J* 96 (October 2012) 399-405. © AORN, Inc, 2012. <http://dx.doi.org/10.1016/j.aorn.2012.07.009>

Key words: *propofol, medication allergies, food allergies, contraindications for propofol administration, anaphylaxis.*

Propofol is an anesthetic induction agent used by many anesthesia care providers because it has rapid onset of action and maintains a steady level of sedation, and patients recover rapidly after its use. The patient typically loses consciousness within 30 to 60 seconds after administration of an IV bolus of propofol.¹ The antiemetic property of this medication helps alleviate the nausea and vomiting associated with opioid medication administration, if the medications are given concurrently.²

Anaphylaxis after the administration of propofol has been reported in patients with certain allergies.^{3,4} In one case, for example, an anesthesia care provider administered propofol to a 14-month-old boy with documented allergies to eggs, peanut oil, and mold.⁵ A few hours after admission, the patient experienced an acute respiratory decompensation. Health care providers immediately made arrangements to transfer the boy to a tertiary-care hospital and, because

of the severity of his condition, intubated him under sedation with propofol and gave him rocuronium, a paralyzing agent. He was hypotensive and tachycardic by the time air transport arrived. Emergency responders were able to safely manage the patient during the flight. On arrival at the tertiary care hospital, caregivers used the Naranjo Scale, an assessment tool used to determine whether a patient's adverse reaction is the result of medication administration, to diagnose the patient as having had a reaction to propofol.⁵⁻⁷ Increasing awareness and implementing education about propofol allergies could make a significant contribution to the prevention of negative patient outcomes.

ADMINISTRATION OF PROPOFOL

Propofol is a lipid-based, oil-in-water emulsion that also contains egg lecithin (ie, egg yolk), glycerol, and soybean oil with sodium hydroxide added to

maintain its pH level.² The emulsion is white in color because of the soybean component. Strict aseptic technique must be used when handling the brand-name medication (Diprivan) because it is not antimicrobially preserved.⁸ The generic form of propofol emulsion contains bisulfites as preservatives to prolong the shelf life of the anesthetic; however, the brand-name product is sulfite-free.⁸ Diprivan contains ethylenediaminetetraacetic acid or disodium edetate (EDTA) to slow down the rate of microorganism growth from inadvertent external contamination.⁹ Disodium edetate is a powerful chelating agent of trace metals and when used for prolonged periods can result in urinary zinc loss.⁹

According to the manufacturer, propofol is intended for use during general anesthesia and monitored anesthesia care and should only be administered by trained practitioners.⁸ Propofol is not intended for multipatient use. The anesthesia care provider should administer the medication immediately after it is drawn up and should discard the vial 12 hours after it has been opened. The anesthesia care provider must clean the vial's rubber stopper with 70% rubbing alcohol, use a sterile transport spike,⁸ and label the syringes with the date and time. The medication should be administered as soon as it is drawn or within 12 hours after the vial has been spiked. Health care providers should flush the IV line every 12 hours and at the end of propofol administration to eliminate any residual medication.⁸

One important factor to consider regarding this medication is the high rate of discomfort (eg, burning and stinging during administration) at the injection site. Pain related to the infusion of this medication can be decreased by administering it through the larger veins in the forearm and antecubital areas rather than the veins in the hand. Lidocaine also can be administered to the IV area before the medication is injected.¹⁰

CONTRAINDICATIONS AND PRECAUTIONS

Contraindications to the use of propofol include allergies to generic or brand-name propofol and its emulsion; eggs or egg products; soybeans,

soybean oil, or soy products; and glycerol.^{2,8} The generic form of propofol contains sodium metabisulfite, and health care providers should administer this medication cautiously to patients with allergies to sulfite, because an anaphylactic reaction may occur.⁸ There is some confusion about whether an allergy to sulfa medication is equivalent to an allergy to the sulfites used in food and medication as preservatives. Patients who are allergic to sulfa are not necessarily allergic to sulfite and vice versa.¹¹

Early signs of an adverse reaction to propofol include a significant drop in blood pressure or cardiovascular depression, apnea, airway obstruction, and oxygen desaturation. Generic forms of propofol containing benzyl alcohol as a preservative can potentially cause gasping syndrome in pediatric patients so the use of a preservative-free medication is recommended.⁸ Gasping syndrome is characterized by central nervous system depression, metabolic acidosis, and gasping respirations. There is also a risk of seizure in the recovery phase if given to patients with seizure disorders.⁸ Propofol administration in patients actively planning a pregnancy or during pregnancy, labor, or breastfeeding is contraindicated because the medication crosses the placenta and can affect the fetus.

Because people who are allergic to eggs are thought to be allergic to the protein component of eggs (ie, the albumin in the egg white) not the lecithin, there is some disagreement about whether egg allergy is a contraindication to propofol administration.^{12,13} In one small study of 25 patients, none reacted to a skin-prick test using propofol.¹² The study's authors contend that egg-allergic patients are not highly susceptible to anaphylactic reactions to propofol.¹² A study by Baines et al¹⁴ demonstrated that the administration of propofol in patients with known allergy to egg was probably safe; however, it should not be given to patients with history of egg anaphylaxis.¹⁴

Patients with allergy to eggs do not usually know to which component of the egg they are allergic. For this reason, some anesthesia care providers

PATIENT EDUCATION

Propofol Allergy

Overview

Propofol is a medicine used by some health care providers to help you sleep through surgery or a painful procedure. Propofol is mixed with other ingredients to help it absorb into your bloodstream and to prevent contamination; these other ingredients give propofol its milky-white color.

Some people are allergic to propofol or some of the other ingredients or to certain foods such as soybean oil, eggs, egg products, soybeans or soy products, glycerol, or sulfites (used as a preservative). Health care providers may not be able to give you propofol if you are allergic to any of these things. If you are allergic to sulfites, you should not take the generic form of propofol because an anaphylactic reaction may occur. There is controversy over whether a person who is allergic to sulfa will also react to sulfites; therefore, it is important to tell your health care providers if you have any food or medication allergies. Also tell your health care providers if you are pregnant, planning a pregnancy, or breastfeeding because you should not be given propofol in these cases. The anesthesia care provider can give another medication to help anesthetize you and will monitor you throughout surgery and recovery.

How is an allergic reaction to propofol diagnosed?

Your health care provider may diagnose an allergic reaction based on the signs and symptoms you experience. Allergic reactions to propofol usually occur in surgery or in the postanesthesia care unit and include

- a drop in blood pressure,
- unresponsiveness, or
- an inability to breathe on your own.

Anaphylaxis (severe allergic reaction) may occur in patients with allergies to eggs, soybeans, soy products, or sulfites who have been given propofol.

If I have an allergic reaction, what will happen?

- After surgery, you will be admitted to the postanesthesia care unit and will be monitored closely.
- If your reaction was severe, you may need to stay overnight and may have a breathing tube in place and be given IV fluids until the propofol is out of your body.

- You may feel tired or uncomfortable during recovery. Your nurse will work with you to evaluate and treat any discomfort.
- Before you go home, a nurse will teach you and your designated support person
 - how to prevent future anesthetic problems and
 - what to tell your health care providers.

What happens after I go home?

You should be fine. The most important thing to remember is to tell your health care providers about your allergy to propofol. Tell all your health care providers

- about your current and past health history,
- about any allergies to medicines or foods,
- how you react to these medicines and foods, and
- if you are pregnant, planning to get pregnant, or breastfeeding.

Tell your health care providers about your allergy if they are going to give you any medicine in an IV that is milky-white in color.



choose to administer propofol to a patient with a stated egg allergy while others prefer to administer a different medication to ensure patient safety. The decision to administer propofol remains the discretion of the anesthesia care provider after he or she has performed a thorough risk-benefit assessment. The perioperative nurse should question the patient about egg and other food allergies, however, and ensure that all surgical team members are aware of the information.

Unlike other sedating agents (eg, midazolam, morphine, fentanyl), there is no antidote or reversal agent for propofol. Anesthesia care providers should monitor any potentially allergic patient closely for hypotension and cardiac depression and be prepared to provide airway support, if needed. Because of the vasodilative effect of propofol, anesthesia care providers should give propofol slowly and titrate it to reach the desired outcome.² Patients who experience adverse reactions must have airway support (eg, intubation, ventilation) until they can metabolize and excrete the medication.¹⁵ Propofol is metabolized rapidly, mainly by the liver, and excreted by the kidneys.²

CASE STUDY

Ms L, a 33-year-old white woman with an obstetrical history of gravida three, para one, abortus two arrived in the emergency department (ED) with abdominal pain. She had experienced two previous spontaneous abortions before conceiving and delivering a child by cesarean delivery. This history led the ED physician to suspect an ectopic pregnancy. A pelvic ultrasound revealed no intrauterine pregnancy; however, she had an elevated human chorionic gonadotropin (HCG) level. The ED physician discharged her with a prescription for methotrexate, which causes degeneration of the trophoblast, in the hope that it would resolve the patient's ectopic pregnancy. Unfortunately, Ms L's pain worsened over the weekend and prompted her to return to the ED three days after her first admission.

On her return, Ms L reported constant abdominal pain, which she described as sharp and stabbing.

She had a tympanic temperature of 99° F (37.2° C), a pulse of 90 beats per minute, respirations of 22 breaths per minute, and blood pressure of 110/68 mm Hg. She had taken acetaminophen with hydrocodone for pain the day before, but it did not relieve her discomfort. She reported minimal vaginal bleeding on admission and denied dysuria. She reported having a bowel movement without difficulty before the current ED admission.

Significant worsening of abdominal pain and increasing levels of HCG after three days of treatment with methotrexate are signs of an ongoing ectopic pregnancy. The surgeon's plan of care was to transport Ms L to the OR for a diagnostic laparoscopy to evaluate the condition of her fallopian tubes and the location of the pregnancy. The consent also included the possibility of a salpingectomy, a salpingostomy, and an exploratory laparotomy in the event these were necessary. All procedures would be undertaken with the patient under general anesthesia.

Ms L was alert and oriented to person, time, and place. She stated there was no family history of anesthesia complications. Her skin was warm and dry to the touch and she reported no numbness, tingling, skin discoloration, or edema of the feet or hands. Her complete blood count results were within normal limits and a pregnancy test revealed HCG levels of 6,397 IU, which indicated she was approximately five weeks pregnant and that treatment with methotrexate had failed. Laboratory personnel drew blood and typed and crossmatched Ms L for two units of packed red blood cells. She had taken nothing by mouth since noon on the day of ED admission. She weighed 185 lb and was 5 ft 4 inches tall. Her body mass index was 35, which placed her in the obese category. Although she smoked one pack of cigarettes per day, her lungs were clear to bilateral auscultation.

The ED nurse reviewed pertinent patient data with the perioperative nurse during hand-off reporting. According to the ED nurse's report, Ms L had no known medication allergies and there were no other allergies indicated on the chart. The

perioperative nurse performed an initial assessment of the patient in the ED suite before transferring her to the OR holding area. During the perioperative nurse's interview, Ms L revealed that she had no allergy to medications but did have an allergy to eggs. Her previous reactions to eggs were evidenced by a rash and itching. Ms L denied use of alcohol or illicit drugs. She took a daily dose of multivitamin with folic acid.

On arrival in the OR holding area, the surgeon and the anesthesia care providers completed a physical examination and reviewed the treatment options and the proposed plan of care with Ms L and her husband. Ms L and her husband verbalized an understanding of the procedure and its treatment, risks, and benefits, and Ms L signed consents for surgery and blood transfusion. The perioperative nurse informed the surgeon and the anesthesia care providers about the patient's egg allergy and her adverse reactions.

The perioperative nurse explained to Ms L and her husband what to expect in the OR. A perioperative staff member showed Ms L's husband to the surgical waiting area, oriented him, and showed him the location of the phone the surgical team would use to reach him if needed. He was provided the OR phone number and was instructed to remain in the waiting area to speak with the surgeon personally after the procedure.

While preparing Ms L for induction in the OR, the circulating nurse noticed a syringe containing propofol on the anesthesia machine. The nurse reminded the anesthesia care provider of the patient's allergy to egg and he chose instead to administer sodium thiopental, a rapid-onset, short-acting, barbiturate anesthetic induction agent. Ms L's vital signs and oxygen saturation remained stable before and after intubation and during the surgery. The circulating nurse's proactive response to the situation may have prevented an allergic reaction and postoperative complications for the patient.

In response to this experience, I conducted a literature review to gather evidence-based practices

regarding administering propofol to patients with egg allergy. I read more about propofol on the Internet and read the medication information insert that comes with propofol. I interviewed some of our anesthesia care providers regarding their opinion on using propofol in patients with egg allergies, which resulted in different point of views; some providers did not administer propofol to these patients, while others felt it was safe to do so. The anesthesia department had no formal policy on propofol administration. I presented my findings to our perioperative advanced practice nurse for further investigation and education of OR staff members.

Our current preoperative nursing assessment tool reiterated the importance of using an allergy questionnaire and separating the allergy questionnaire into two subgroups—allergy to medication and food. Simply asking patients about medication allergies is not enough; they must be asked about food allergies as well, because they often do not relate food allergies to anesthesia or surgical contraindications.

NURSING CARE

Documenting all allergies to medication and food is crucial to patient care in the OR. In addition to the food allergies associated with propofol, allergies to certain foods such as avocado, banana, chestnut, and kiwi have high association with latex allergy.¹⁶ Allergies to potatoes, tomatoes, papayas, melons, apples, carrots, and celery have been shown to be moderately associated with latex allergy, and pineapple, eggplant, passion fruit, mango, wheat, and cherimoya have low or undetermined association with latex allergy but have been known to cause cross-reactions when patients are exposed to latex.¹⁶

The nursing process requires nurses to analyze the effectiveness of the goals and interventions identified for each patient and review and modify the care plan as needed (Table 1). The nurse must continue to assess and evaluate the patient and the care provided until the ultimate goal of recovery

TABLE 1. Perioperative Nursing Implications: Potential or Actual Propofol Allergy**Preoperative care**

- Establish a therapeutic relationship with the patient and family members.
- Obtain and document a relevant medication history, to include
 - confirming the patient's identity and
 - verifying allergies, especially those related to eggs, soybeans, soybean products, and sulfites.
- Provide a transfer-of-care report to the circulating nurse, surgeon, anesthesia professional, and other surgical team members that includes the patient's allergies.

Intraoperative care

- Provide a safe perioperative environment.
- Communicate allergies to all surgical team members.
- Monitor that correct aseptic technique is observed for handling and administering propofol.
- In collaboration with the anesthesia professional:
 - monitor that prescribed medications are administered;
 - document the dose, route, time, and effects of propofol administration;
 - evaluate the patient's response to propofol administration;
 - monitor the patient for demonstrated signs of therapeutic effect;
 - monitor the patient for signs of allergic reactions;
 - report signs or symptoms of adverse reaction to the appropriate health care team members; and
 - administer treatment as needed.
- Provide updates to the patient's family members.
- Provide a transfer-of-care report to the postanesthesia care unit nurse that includes the patient's responses to propofol.

Postoperative care

- Provide a safe postanesthesia care unit environment.
- Monitor the patient's physiological parameters.
- Monitor the patient continuously for signs of allergic reaction to propofol.
- Communicate with the patient regularly to ascertain signs of allergic reaction.
- Report signs or symptoms of adverse reaction to the appropriate health care team members.
- Administer treatment as needed.
- Provide updates to the patient's family members on the patient's condition.
- Provide discharge instructions to the patient and family members based on the interdisciplinary plan of care.
- Perform a medication reconciliation.

from surgery and anesthesia administration is achieved.¹⁶

CONCLUSION

Sharpening assessment skills is an ongoing process. Nurses must be knowledgeable about the actions and effects of medications. Categorizing allergies into two subgroups, namely "no known drug allergy" and "no known food allergy," as opposed to simply documenting "no known allergy" would be beneficial to patients and health care providers alike. Perioperative nurses must be efficient, caring, self-motivated, and excellent communicators and listeners and must be able to anticipate the needs of our patients by

working collaboratively with surgeons, anesthesia care providers, scrub personnel, and other health care providers to provide the best care for each patient. Continuing education is crucial to increase awareness of potential problems, acquire knowledge, and develop new skills to improve patient safety. **AORN**

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EXAMINATION

CONTINUING EDUCATION PROGRAM

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Propofol Allergy: Assessing for Patient Risks

PURPOSE/GOAL

To educate perioperative nurses about assessing patients for propofol allergy risk factors.

OBJECTIVES

1. Describe the actions of propofol.
2. Discuss propofol administration.
3. Identify signs and symptoms of propofol allergy.
4. Describe the perioperative nurse's role in caring for the patient with allergies that may affect the use of propofol.

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QUESTIONS

1. Propofol is an anesthetic induction agent that has a rapid onset of action and maintains a steady level of sedation.
a. true b. false
2. Propofol reduces the _____ associated with opioid medication administration if the medications are given concurrently.
a. constipation b. diarrhea
c. disorientation d. nausea and vomiting
3. Brand-name propofol is not _____ and requires handling with strict aseptic technique.
a. antimicrobially preserved b. stable
c. sterile d. sulfite-free
4. Propofol causes a high rate of _____ during infusion.
a. anaphylaxis b. discomfort
c. disorientation d. euphoria
5. Propofol is contraindicated in patients with allergies to eggs, egg products, soybeans and soy products, glycerol, and sulfites.
a. true b. false
6. Early signs of an allergic reaction to propofol include symptoms of central nervous system stimulation.
a. true b. false
7. Because of the _____ effect of propofol, anesthesia care providers should give propofol slowly and titrate the medication to attain the desired result.
a. exciting b. sedative
c. vasoconstrictive d. vasodilative

8. Perioperative nurses should be aware that there is no _____ for propofol.
a. contraindication b. induction agent substitute
c. reversal agent d. safe administration method
9. Patients exhibiting signs and symptoms of propofol allergy should be monitored closely for
1. cardiac depression.
2. hypertension.
3. hypotension.
4. the need for airway support.
- a. 1 and 2 b. 3 and 4
c. 1, 3, and 4 d. 1, 2, 3, and 4
10. The perioperative nurse should
1. document all medication and food allergies.
2. analyze the effectiveness of interventions.
3. modify the care plan as needed.
4. evaluate the patient's response to the care provided.
a. 1 and 2 b. 3 and 4
c. 1, 3, and 4 d. 1, 2, 3, and 4

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OBJECTIVES

To what extent were the following objectives of this continuing education program achieved?

1. Describe the actions of propofol.
Low 1. 2. 3. 4. 5. High
2. Discuss propofol administration.
Low 1. 2. 3. 4. 5. High
3. Identify signs and symptoms of propofol allergy.
Low 1. 2. 3. 4. 5. High
4. Describe the perioperative nurse's role in caring for the patient with allergies that may affect the use of propofol. *Low 1. 2. 3. 4. 5. High*

CONTENT

5. To what extent did this article increase your knowledge of the subject matter?
Low 1. 2. 3. 4. 5. High
6. To what extent were your individual objectives met?
Low 1. 2. 3. 4. 5. High
7. Will you be able to use the information from this article in your work setting? *1. Yes 2. No*

8. Will you change your practice as a result of reading this article? (If yes, answer question #8A. If no, answer question #8B.)

8A. How will you change your practice? (*Select all that apply*)

1. I will provide education to my team regarding why change is needed.
2. I will work with management to change/implement a policy and procedure.
3. I will plan an informational meeting with physicians to seek their input and acceptance of the need for change.
4. I will implement change and evaluate the effect of the change at regular intervals until the change is incorporated as best practice.
5. Other: _____

8B. If you will not change your practice as a result of reading this article, why? (*Select all that apply*)

1. The content of the article is not relevant to my practice.
2. I do not have enough time to teach others about the purpose of the needed change.
3. I do not have management support to make a change.
4. Other: _____

9. Our accrediting body requires that we verify the time you needed to complete the 1.5 continuing education contact hour (90-minute) program: _____

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