Apply patient monitoring and secure suitable IV access

Connect patient to the TCI pump and commence supplemental $O_2$ at 4 L min$^{-1}$

**INITIAL PHASE:** Set $C_{PT}$ at 1.4$\mu$g ml$^{-1}$ and Start TCI propofol (1%). Monitor $C_{ET}$ and assess sedation as $C_{ET}$ rises to 1.0 $\mu$g ml$^{-1}$, 1.2$\mu$g ml$^{-1}$ and 1.4$\mu$g ml$^{-1}$. The patient is likely to be under sedated in this initial phase but follow the algorithm below if they become adequately sedated or require no further sedation.

If the patient remains under sedated when $C_{PT}$ and $C_{ET} = 1.4\mu$g ml$^{-1}$ then proceed to the **TITRATION PHASE**.

- **Adequately Sedated**
  - OAA/S 3 (Response only after name is called loudly and/or repeatedly)
  - Do not change the pump settings

- **Under sedated**
  - OAA/S 5 (Responds readily to name spoken in normal tone) OR
  - OAA/S 4 (Lethargic response to name spoken in normal tone)

- **Requires no further sedation**
  - OAA/S 2 (Response only after mild prodding or shaking) OR
  - OAA/S 1 (Response only after painful trapezius squeeze) OR
  - OAA/S 0 (No response after painful trapezius squeeze)
  - Stop infusion and DO NOT give alfentanil bolus

**TITRATION PHASE:** If the patient remains under sedated when $C_{PT}$ and $C_{ET} = 1.4\mu$g ml$^{-1}$ then increase the $C_{PT}$ by 0.2$\mu$g ml$^{-1}$ every 2 minutes to a maximum of 4.0 $\mu$g ml$^{-1}$.

Assess the sedation level every 2 minutes. When $C_{PT}$ is 2.6$\mu$g ml$^{-1}$ then a second healthcare professional should also assess the sedation level before proceeding further to a maximum of 4.0 $\mu$g ml$^{-1}$.

- If remains **OAA/S 5 OR OAA/S 4 at $C_{ET} = 4\mu$g ml$^{-1}$** then STOP STUDY AT THIS POINT

**COMMENCE REDUCTION**

Administer Alfentanil Bolus
- >70kg give 250 $\mu$g
- 50-70kg give 200 $\mu$g

On completion of the reduction the infusion should be stopped and the patient observed until complete recovery.

If an adverse event occurs, the TCI should be stopped immediately