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**Academic Emergency Medicine
Editor-in-Chief Pick of the Month**

This month's POTM presents a randomized trial by [Schick et al.](#) that asks and answers a pragmatic and important question: can we be safer with procedural sedation and still provide adequate pain relief?

To this day, some anesthesiologists remain opposed to emergency physicians using propofol in the emergency department, saying the equivalent of "you'll shoot your (patient's) eye out, kid!"¹ True, propofol is a powerful drug, and as Bat Doc says, "with great power comes great responsibility." Evidence from unbiased research remains the most responsible way to deal with academic tribalism and to determine best practices. Accordingly, this paper accomplishes a rare feat: it may redirect critical thinking and change what we do.

Two astounding numbers in Table 4 will drive this change. When moderate propofol sedation (response to verbal or tactile stimuli) was actually achieved in 39 patients, only six had adverse respiratory events, whereas with deep propofol sedation (response only to painful stimuli), 68 patients had 64 adverse respiratory events. This incredible difference, together with no difference in patient perception of pain, makes this decision a no-brainer.

The data do suggest dosing impatience, given that one-quarter of patients targeted for moderate sedation, actually slipped into deep sedation. Nonetheless, congratulations to **Schick et al.** in providing evidence to define standard of care; their data demonstrate patient-centered benefits to moderate sedation over deep sedation.

Best wishes,
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1. Reibling ET, Green SM, Phan T, Lopez-Gusman E, Fierro L, Davis A, Sugarman T, Futernick M. Emergency Department Procedural Sedation Practice Limitations: A Statewide California American College of Emergency Physicians Survey. *Acad Emerg Med.* 2018 Sep 21. PubMed PMID: 30240039.

The findings of the study are discussed in the latest AEM podcast, [Comparing Procedural Amnesia and Respiratory Depression Between Moderate and Deep Sedation with Propofol in the ED.](#)