

Inducing Anesthesia

Steps for safe, controlled transition to unconsciousness:

After premedication, place an IV catheter in order to:

- easily administer induction drugs by titration
- avoid perivascular injection
- provide emergency IV access
- administer IV fluids intra-operatively

Avoid struggling or excitation as these events tend to:

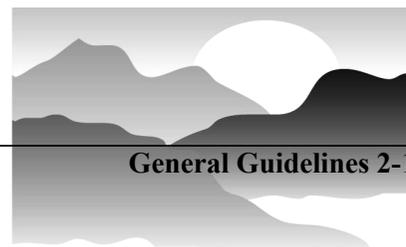
- increase the necessary dose of induction drugs
- predispose to malignant arrhythmias such as ventricular fibrillation

To prevent laryngospasm, follow these steps:

1. Draw up 0.2 mls of the injectable form of 2% lidocaine without epinephrine into a tuberculin syringe and remove the needle.
2. After an initial bolus of induction agent, when the patient is unconscious enough to allow observation of the upper airway, deposit the lidocaine onto the arytenoid cartilages and surrounding tissues.
3. Wait at least 10 seconds for mucosal desensitization to occur before attempting intubation.
4. While waiting, administer additional doses of induction agent to achieve a proper depth of anesthesia that will permit intubation.

Inducing Anesthesia with IV Pentothal

1. Draw up 5 mg/kg of pentothal.
2. Use a 2.5 % solution for most patients.
3. Use a 1% solution for patients under 5 kg.
4. Administer 1/4 of the above calculated dose as an IV bolus.
5. Wait 30 seconds before injecting subsequent doses.
6. Continue steps 4 and 5 until intubation can be performed without resistance.



Inducing Anesthesia with IV Pentothal and Diazepam

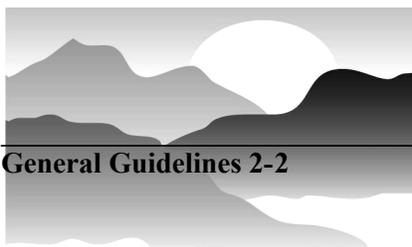
1. Draw up 5 mg/kg of pentothal and 0.2 mg/kg diazepam into separate syringes.
2. Use a 2.5 % pentothal solution for most patients.
3. Use a 1% pentothal solution for patients under 5 kg.
4. Administer $\frac{1}{4}$ of the above calculated dose of pentothal as an IV bolus.
5. Flush IV catheter with saline and administer $\frac{1}{4}$ of the calculated dose of diazepam.
6. Wait 30 seconds before injecting additional doses.
7. Continue steps 4 and 5 until intubation can be performed without resistance.

Inducing Anesthesia with IV Propofol Method I

1. Draw up 5 mg/kg of propofol.
2. Administer 1 mg/kg as an IV bolus.
3. Wait 60 seconds before injecting subsequent doses.
4. As soon as possible place a face mask (with diaphragm removed) over the patient's mouth and deliver supplemental oxygen. If the patient resists face mask placement, do not force it. The patient will likely readily accept the mask after the second bolus.
5. Continue steps 2 and 3 until intubation can be performed without resistance.

Inducing Anesthesia with IV Propofol Method II

1. Draw up 5 mg/kg of propofol.
2. Deliver the syringe contents at a slow and continuous rate so that the entire contents of the syringe can be delivered within 3 minutes.
3. As soon as possible place a face mask (with diaphragm removed) over the patient's mouth and deliver supplemental oxygen. If the patient resists face mask placement, do not force it. The patient will likely readily accept the mask after receiving about 1 to 2 mg/kg of its calculated propofol dose.
4. Continue step 2 until intubation can be performed without resistance. Often with this injection technique, only 3 to 4 mg/kg propofol are required in premedicated patients.



Inducing Anesthesia with IV Propofol and Diazepam

1. Draw up 5 mg/kg of propofol and 0.2 mg/kg diazepam into separate syringes.
2. Administer $\frac{1}{4}$ of the above calculated dose of propofol as an IV bolus.
3. Flush IV catheter with saline and administer $\frac{1}{4}$ of the calculated dose of diazepam.
4. As soon as possible place a face mask (with diaphragm removed) over the patient's mouth and deliver supplemental oxygen. If the patient resists face mask placement, do not force it. The patient will likely readily accept the mask after receiving about 1 to 2 mg/kg of its calculated propofol dose.
5. Wait 60 seconds before injecting additional doses.
6. Continue steps 2 and 3 until intubation can be performed without resistance.

This drug combination offers no advantages over slow propofol injection as in methods I and II above. The slow titration of propofol reduces the total dose of propofol as well as the degree of respiratory depression, the degree of hypotension and incidence of muscle rigidity, tremors and twitching that occasionally occur during propofol administration.

I reserve diazepam 0.2 mg/kg IV use for the control of occasional muscle twitching or tremors that occur despite slow injection.

Inducing Anesthesia with IV Propofol and Ketamine

1. Draw up 5 mg/kg of propofol and 1 mg/kg ketamine into separate syringes.
2. Administer 1 mg/kg propofol IV as a bolus.
3. As soon as possible place a face mask (with diaphragm removed) over the patient's mouth and deliver supplemental oxygen. If the patient resists face mask placement, do not force it. The patient will likely readily accept the mask after receiving about 1 to 2 mg/kg of its calculated propofol dose.
4. Wait 60 seconds before injecting additional propofol.
5. Continue steps 2 and 4 until the patient's head is down and resting quietly in a face mask. This will probably require about 3 mg/kg propofol. The patient likely still has a withdrawal response to toe pinch and is not yet ready for intubation.
6. Inject ketamine 1 mg/kg IV bolus and wait 45 seconds.
7. If intubation cannot be performed after ketamine administration, administer additional 1 mg/kg propofol.

Concurrent use of ketamine along with propofol during induction reduces the necessary dose of propofol while providing a brief period of supplemental analgesia.

It also acts as a loading dose of ketamine prior to ketamine by CRI as long as infusion begins immediately after induction.

