## Premedication of anesthesia

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**Definition**: Administration of drugs before induction of anaesthesia

**Components**: Psychological

Pharmacological

**Psychological Premedication** is provided by the anesthesiologist's preoperative visit and interview with the patient and family members.

**Pharmacological Premedication** is administration of drugs orally orintramuscularly 1 to 2 hours before the anticipated induction of anesthesia

## **Goals of Premedication?**

- Anxiety relief (anxiolysis )
- Amnesia
- Sedation
- Analgesia
- Antiemtic
- Antisalogogoue effect
- Increased in gastric fluid PH

### **Goal of Premedication?**

- Decreased in gastric fluid volume
- Attenuation of sympathetic nervous system
- Reflex response
- Decrease in anesthetic requirements
- Prophylaxis against allergic reaction

- Anxiolysis
   benzodiazepines
   B-blockers
- Amnesia

   lorazepam
   anterograde amnesia

- Anti-emetic
  - Dopamine antagonists
  - Antihistamines
  - Anticholinergics
  - 5-hydroxytryptamine antagonists
  - A2- agonists: clonidine, Dexmetomidine

#### Antacid

- Patients who have received opiates
- present as emergencies
- If in pain
- delayed gastric emptying
- hiatus hernia
- Oral sodium citrate
- Ranitidine , Proton pump inhibitors
- Metoclopramide
- naso- or orogastric tube

- Anti-autonomic
  - Parasympathetic reflexes
    - Excessive vagal activity causing profound bradycardia
    - Halothane
    - Suxamethonium
    - Surgery
    - Traction on the extraocular muscles
    - Handling of the viscera
    - During elevation of a fractured zygoma

| Classification | Drugs      | Typical Adult<br>Dose (mg) | Route |
|----------------|------------|----------------------------|-------|
| Opioids        | Morphine   | 5-15                       | IM    |
|                | Meperidine | 50-100                     | IM    |
| Benzodiazepine | Midazolam  | 2.5-5                      | IM    |
|                | Diazepam   | 5-10                       | PO,IM |
|                | Lorazepam  | 2-4                        | PO,IM |
|                |            |                            |       |

#### Reduce or withhold sedatives and analgesics in

- elderly
- debilitated patients (severely ill patient)
- acutely intoxication
- upper airway obstruction
- trauma
- central apnea
- neurologic deterioration
- severe pulmonary and valvular heart diseases

## Thank You

# **End of lecture**