



Department of Anesthesia Techniques

Title of the lecture: - anesthesia agents

(intravenous)

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Anesthesia agents (Intravenous)

(Practical Anesthesia)

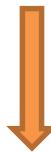
3^{ed} stage

By:

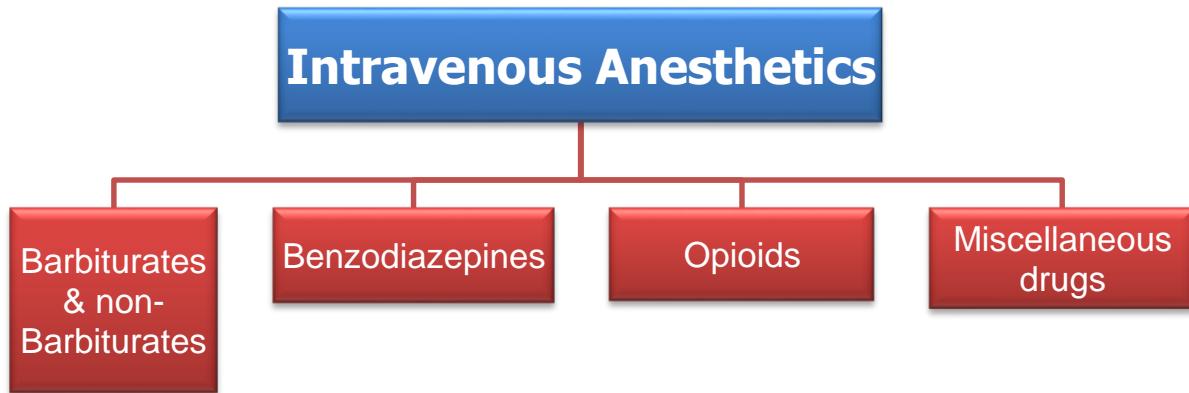
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Intravenous anesthetic drugs



(Those drugs just take in vein)



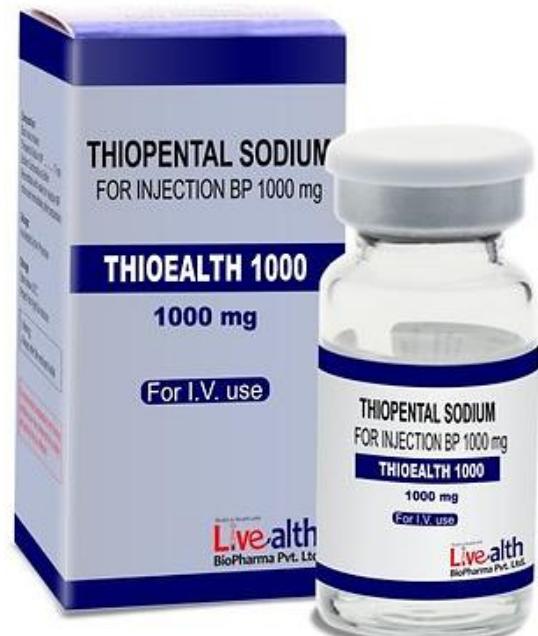
Barbiturates (thiopentone or thiopental)

Dose of thiopental is —dose—→ (3-6 mg/kg) powder

1. Induction of anesthesia.
2. Maintenance of anesthesia (but has cumulative effects)
3. Treatment of status epilepticus
4. Reduction of intra-cranial pressure (ICP)
5. Intra-arterial injection (lead to severe vasospasm and severe pain it may lead to gangrene of the limb, treatment by keeping the cannula in and inject papaverine 20 mg, heparin and fluid, using 2.5% conc. Is safer)

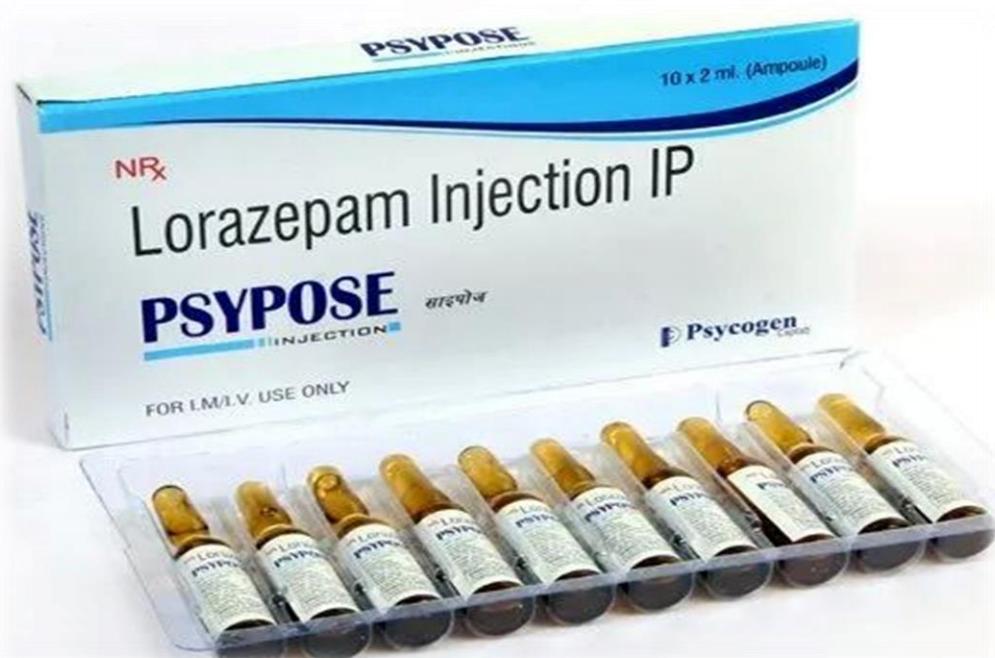
Contra-indication: -

1. Airway obstruction (epiglottis or pharyngeal tumours)
2. Previous hypersensitivity to this drug



Benzodiazepines (Midazolam, Diazepam, Lorazepam)

Agent	Use	Route ¹	Dose (mg/kg)
Diazepam	Premedication	Oral	0.2–0.5
	Sedation	IV	0.04–0.2
Midazolam	Premedication	IM	0.07–0.15
	Sedation	IV	0.01–0.1
	Induction	IV	0.1–0.4
Lorazepam	Premedication	Oral	0.05



Opioids (Morphine, hydromorphone, Fentanyl & Al, Remi, Su)

Agent	Use	Route ¹	Dose ²
Morphine	Postoperative analgesia	IM	0.05–0.2 mg/kg
		IV	0.03–0.15 mg/kg
Hydromorphone	Postoperative analgesia	IM	0.02–0.04 mg/kg
		IV	0.01–0.02 mg/kg
Fentanyl	Intraoperative anesthesia	IV	2–50 mcg/kg
	Postoperative analgesia	IV	0.5–1.5 mcg/kg
Sufentanil	Intraoperative anesthesia	IV	0.25–20 mcg/kg
Alfentanil	Intraoperative anesthesia	IV	8–100 mcg/kg
	Loading dose	IV	0.5–3 mcg/min
	Maintenance infusion	IV	
Remifentanil	Intraoperative anesthesia	IV	1.0 mcg/kg
	Loading dose	IV	0.5–20 mcg/kg/min
	Maintenance infusion	IV	
	Postoperative analgesia/sedation	IV	0.05–0.3 mcg/kg/min



Miscellaneous drugs

Miscellaneous drugs

Propofol

Etomidate

Ketamine hydrochloride

Propofol: - dose → **Bolus IV (2-2.5 mg/kg)**

Maintenance Inf. (50-200mg/kg/min)

(amp. or vial)

propofol 10mg/ml. that's combined with glycerol, egg, and soya bean oil

Propofol is a highly lipid soluble oil

has a pH of 7.

low incidence of nausea & vomiting.



Etomidate: - dose → **0.2-0.5 mg/kg IV**

(amp. Or vial)

non-barbiturate hypnotic intravenous anesthetic agent.

does not have any analgesic properties.

Used in the induction of general anesthesia.

Metabolism in Hepatic



Ketamine: - dose → **bolus IV (1-2 mg/kg)**
→ **Sedation (2.5-15 mg/kg/min)**

(only vial)

It has anesthetic and analgesic effect

Water soluble.

Has a pH=3.5 - 5.5

<5% excreted unchanged in urine.



حساب جرعة التخدير

- ١- معرفة drug dose (لكل دواء الجرعة الخاصة به)
- ٢- الشكل الدوائي (يقصد به كمية mg في ml) الموجود في vial or ampoule
- ٣- المعادلة
لحساب جرعة الدواء نستخدم المعادلة الآتية:-

$$\text{الجرعة (الوزن)} \times \text{جرعة الدواء} = \text{dose}$$



الحجم	الكتل
$1L = 1000 \text{ ml}$	$1g = 1000 \text{ mg}$
$1\text{ml} = 1 \text{ cc}$	$1\text{mg} = 1000 \text{ mcg}$

س/ احسب كمية الجرعة المطلوبة من propofol لمريض يبلغ وزنه 70 kg؟

$$\begin{aligned} \text{دوز البروبوفول} &= 2 \text{ mg/kg} \\ \text{وزن المريض} &= 70 \text{ kg} \end{aligned}$$

اذن المعادلة

$$\text{الجرعة (الوزن)} \times \text{جرعة الدواء} = \text{dose}$$

$$\begin{aligned} &= 70 * 2 \\ &= 140 \text{ mg} \end{aligned}$$

في الفial نجد ان 200 mg في 20 ml في
نأخذ منها 140 mg فقط أي بحدود 14 ml

