

Drug Infusions for Anaesthesia

DRUG	INDICATION	REGIME
ADRENALINE	Laryngeal oedema	<p>ADRENALINE NEBULIZED</p> <p>0.5 mL/kg of standard adrenaline (1:1000) up to a maximum of 3 mL diluted with 3 mL N/S.</p> <p>eg. In a 70 kg adult, conservative regime would be 2 mL of 1:1000 adrenaline + 3 mL N/S neb prn</p>
ACTRAPID/ DEXTROSE	Hyperkalaemia	10 units of Actrapid HM + 50 mL 50 % dextrose iv stat
ACTRAPID INSULIN	Glucose Control	<p>PERIOPERATIVE INSULIN REGIME FOR I.D.D.M.</p> <p>1- 2 hourly measure of blood sugar and b.d. urinalysis for ketones.</p> <p>Actrapid 50 units in 500 mL Normal Saline (0.1 unit / mL)</p> <p>Flush through and discard first 20 mL</p> <p>side-line for 5% glucose @ 80 mL/hr ± other fluids, electrolytes as required</p> <p>4. general guide to calculating Actrapid infusion rate: divide last hour's BSL (mmol/L) by 5 to give required Actrapid infusion rate in units per hour.</p> <p>eg. if BSL is 15 mmol/L, actrapid infusion should be 3 units/hr</p> <p>Initial infusion rate = 2 units / hr (= 20 mL/hr)</p> <p>if BSL is < 4 mmol/L, cease infusion, infuse 50 mL bolus 5%D, test glucose every 15 min and resume infusion at half previous rate when BSL > 6 mmol/L</p> <p>if BSL is 4-6 mmol/L, reduce rate by half</p> <p>if BSL is 6-10 mmol/L, maintain current rate</p> <p>if BSL is > 15 mmol/L, give 4 units IV insulin bolus, increase rate by 10 mL/hr.</p>

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ALFENTANIL	Analgesia	Loading dose : 15-50 mcg/kg Infusion rate : 30 - 50 mcg/kg/hr = 0.5 - 1 mcg/kg/min Convenient regime for 70 kg use neat drug (5 mg/10 mL) for infusion at 2 - 8 mL/hr (or 1/10 of propofol infusion rate in mL/hr)
ATRACURIUM	Muscle Relaxation	intubating dose: 0.5 mg/kg infusion rate : 0.5 mg/kg/hr
KETAMINE	Analgesia Anaesthesia	200 mg Ketamine in 200 mL N/Saline For pain relief (Acute Pain Service) - 0.2 mg/kg/hr, usually no loading dose For anaesthesia (eg. trauma case) (beware head injury) Induction: 0.5 -2.0 mg/kg (dilute 200 mg in 20 mL) Infusion rate: 1 - 2 mg/kg/hr "trauma mix" 200 mg ketamine + 10 mg midazolam + 10 mg vecuronium in 50 mL N/S rate in mL/hr = 0.5 x weight in kg eg. 70 kg man = 35 mL/hr
MANNITOL	Renal/ ICP	0.5 - 1.0 g/kg 175 -350 mL of 20% mannitol
PROPOFOL	Anaesthesia	1. Induction dose: 1.5 mg/kg 2. Infusion regime: 12 mg/kg/hr for first 10 minutes 10 mg/kg/hr for second 10 minutes 6 - 8 mg/kg/hr thereafter 66% N ₂ O or alfentanil / remifentanil infusion is required rule of thumb: 0.6 - 1.2 x body wt (kg) in mL/hr halve infusion rate last 30 min if case > 90 min

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REMIFENTANIL	Intraoperative analgesia	<p>Induction: 1 μ g/kg</p> <p>Infusion: 0.25 - 1.0 μ g/kg/min</p> <p>for 70 kg, use 2 mg in 40 mL (50 μ g/mL)</p> <p>μ g/kg/min = 21 mL/hr</p> <p>0.50 μ g/kg/min = 42 mL/hr</p> <p>1.0 μ g/kg/min = 84 mL/hr</p>
SUXAMETHONIUM	Muscle Relaxation	<p>Intermittent bolus regime</p> <p>need nerve stimulator</p> <p>dilute 100 mg Sux. and 0.3 mg atropine in 10 mL N/S. Therefore 10 mg Sux. and 30 μ g atropine per mL.</p> <p>c. give 2 mL prn when twitches return.</p>
cis-ATRACURIUM	Muscle Relaxation	<p>Intubating dose: 0.1 - 0.2 mg/kg</p> <p>Infusion dose: 3 0. μ g/kg/min</p> <p>Convenient regime for 70 kg</p> <p>use neat drug (2 mg/mL) for infusion</p> <p>at 12.6 mg/hr = 6.3 mL/hr</p>
VECURONIUM	Muscle Relaxation	<p>Intubating dose: 0.1 mg/kg</p> <p>Infusion dose: 0.1 mg/kg/hr</p> <p>Convenient regime: add 30 mg vecuronium to 30 mL N/S and infuse via syringe driver.</p>

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