

ANESTHESIA CHEAT SHEET

AIRWAY CLASSIFICATION

- Mallampati Classification:**
- Class 1: Visualize the soft palate, fauces, uvula, anterior and posterior tonsillar pillars
 - Class 2: Visualize the soft palate, fauces, & uvula only
 - Class 3: Only the soft palate and base of the uvula are visible
 - Class 4: Only the soft palate can be seen
- Laryngoscopic View Grades:**
- Grade 1: Full view of entire glottis opening
 - Grade 2: Posterior portion of the glottis opening is visible
 - Grade 3: Only the epiglottis is visible
 - Grade 4: Only the soft palate is visible

ASA CLASSIFICATIONS

- 1- Normal healthy patient
2- Mild systemic disease (2 functional limitations)
3- Severe systemic disease (some functional limitation)
4- Severe systemic disease w/ constant threat to life
5- Moribund patient who is not expected to survive without surgery
6- Brain dead patient whose organs are being removed for donation

NORMAL BLOOD GAS VALUES

pH: 7.35-7.45
pCO₂: 35-45 mmHg
pO₂: 80-100 mmHg
HCO₃: 22-26 mEq/L
BE: -2 to +2
SaO₂: 95-98%

RESPIRATORY FORMULAS

VO₂: 10 x kg/min
VO₂: 8 x kg/min
Alveolar Air Equation
P(AO₂) = (P_i - PH₂O) - PaCO₂/0.8
Arterial O₂ Content/100 ml bld
(mgb x 1.34 x SaO₂) + (PaO₂ x 0.003)

HEMODYNAMICS

	NORMAL RANGE
MAP	70-105 mmHg
CO	4-8 L/min
CI	2.5-3.5 L/min/m ²
CVP	2-8 mmHg
PCWP	8-12 mmHg
PVR	20-25 dynes/cm ² /sec ²
SVR	200-1400 dynes/cm ² /sec ²
EF	55-70%
PAP	S=15-50 D=5-15 M=15

BLOOD LOSS MANAGEMENT

- Estimated Blood Volume (EBV)
- Premature Infant <35 ml/kg
 - Full-term Infant <85 ml/kg
 - Infant to 12 mo <80 ml/kg
 - Adult/Child male <75 ml/kg
 - Adult/Child female <65 ml/kg
 - Morbid Obese <60 ml/kg (BMI > 40)
 - Available Blood Loss (ABL)
- EBV = Hct_{patient} / [Hct_{avg} - Hct_{patient}] x 300
- Fluid Replacement Equivalent
- Crystalloid: 3 ml/1 ml EBL
 - Colloid: 1 ml/1 ml EBL
 - Whole Bld: 1 ml/1 ml EBL
 - Packed RBC: 3 ml/1 ml EBL
 - PRBC Hct = 70%
- Fully soaked Aa = 30 ml blood
Fully soaked "sag" = 100-150 ml blood

FLUID MAINTENANCE REQUIREMENTS

- 4 mL/kg/hr for first 10 kg
2 mL/kg/hr for next 10 kg
1 mL/kg/hr for each kg > 20 kg
- WATER DEFICIT**
- Main rule x hours H₂O
- EVAPORATIVE LOSSES**
- Minimal = 0-2 mL/kg/hr
Moderate = 2-4 mL/kg/hr
Severe = 4-8 mL/kg/hr

BMI

WT kg/m ²	Healthy
< 25	Healthy
25-30	Overweight
30-35	Obesity
35-40	Morbid Obesity
> 40	Super Morbid Obesity

IBW

70 lb in cm-100-kg men
Ht in cm - 105-kg women

TIER 1 RESCUE DRUGS

Drug	Dose	Supply
Ephedrine 5% + 10%	5 mg	10 mg/ml
Neosynephrine 50	100 mcg	10 mg/ml
Atropine 1 mg	1 mg	1 mg/ml
Epinephrine 1 mg	1 mg	1 mg/ml
Hydrocortisone 100 mg	100 mg	100 mg/ml

LAB TEST	NORMAL RANGE	LAB TEST	NORMAL RANGE
Hct	Female 37-47% Male 42-52% (F/F)	PT	11-14 sec
Hgb	Female 12-16 g/dL Male 13-16 g/dL (F/F)	INR	1.0
WBC	4,500 - 11,000/mm ³	APTT	28-35 sec
PLT	150,000-400,000/mm ³	APTT	28-35 sec
Urea	6-12 mg/dL	PTT	15-20 sec
Cr	0.6-1.2 mg/dL	PTT	15-20 sec
Ca	8.8-10.0 mg/dL	PTT	15-20 sec
Ionized Ca	1.1-1.3 mmol/L	PTT	15-20 sec
Phosphorus	2.5-3.5 mg/dL	PTT	15-20 sec
Glucose	70-100 mg/dL	PTT	15-20 sec
BUN	6-20 mg/dL	PTT	15-20 sec
Creatinine	0.6-1.3 mg/dL	PTT	15-20 sec
Alkaline	10-14 U/L	PTT	15-20 sec

MALIGNANT HYPERTHERMIA

- Triggers: Halothane, Enflurane, Isoflurane, Sevoflurane, Desflurane, Succinylcholine
- Signs of Onset: Tachycardia, Tachypnea, ↑ EtCO₂, Skin Mording, Arrhythmias, ↑ Body Temp, Unstable BP, Cola-colored urine, Muscle Rigidity, Masseter Spasm
- Treatment
1. Stop triggering agent immediately
 2. Hyperventilate with 100% O₂ at high flow
 3. Administer Dantrolene 2.5 mg/kg IV
Repeat Q 5-10 min until symptoms controlled
Max dose 10mg/kg
 4. Correct metabolic acidosis
 5. Correct hyperkalemia
 6. Actively cool patient
 7. Check labs Q 15 min until stable
 8. Maintain urine output > 2 mL/kg/hr with hydration, Mannitol, or Lasix

PEDIETT SIZES

Age & Wt	Size
Preemies < 1 kg	2.5
Preemies 1-2.5 kg	3.0
Term neonate < 6 mo	5.0-5.5
6 mo-1 yr	5.5-6.0
1-2 yrs	6.0-6.5
2-5 yrs	6.5-7.0
Tube Depth	Age/2 + 12

PEDIEMA SIZES

Size	Weight	Max cuff vol (ml)
1	1-5 kg	up to 4 ml (air)
2	5-10 kg	up to 7 ml
3	10-20 kg	up to 10 ml
4	20-30 kg	up to 14 ml
5	30-40 kg	up to 20 ml
6	Adult	up to 30 ml

Dedicated to the Class of 2012

By: Debra Maloy • Jeff Carroll • Amanjot Shalwal • Yvonne Murphy • Shana Thompson

Drug	Dose	Onset	Duration
Diazepam	0.1 mg/kg IV, 0.2 mg/kg PO	1-5 min	2-5 hr
Lorazepam	0.05 mg/kg	1-5 min	6-8 hr
Midazolam	0.05 mg/kg	1-5 min	15-30 min
Flumazenil	0.1 mg (Repeat 0.1 q 1 min, max 3mg)	1-5 min	30 min

Drug	Dose	Onset	Duration
Morphine	0.1 mg/kg	1-5 min	4-5 hr
Fentanyl	1-5 µg/kg	sec	1-1.5 hr
Sufentanil	0.5-1 µg/kg	sec	1-1.5 hr
Remifentanyl	1-2 µg/kg	sec	1-1.5 hr
Meperidine	1-2 mg/kg	1-5 min	2-4 hr
Hydromorphone	1-5 mg/kg	1-5 min	2-4 hr
Naloxone	40-80 mcg	1-5 min	30 min

Drug	Dose	Onset	Duration
Propofol	2 mg/kg	1-5 min	1-8 min
Etomidate	0.3 mg/kg	1 min	1-8 min
Ketamine	1.5 mg/kg	1 min	10-20 min
Etomidate	0.3 mg/kg	1 min	1-8 min

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REGIONAL MEDICATIONS

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Etomidate	0.3 mg/kg	1 min	1-8 min
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Pattern of Systemic Toxicity of Local Anesthetics in Order of Decrease from 1st stages may be seen

1. Analgesia
2. Lightheadedness
3. Tinnitus
4. Tongue/Circumoral numbness/tingling/Runny taste in mouth
5. Seizures
6. Unconsciousness
7. Respiratory arrest
8. Cardiovascular arrest

Lipid Rescue For Local Anesthetic Induced Cardiac Arrest

If unresponsive to standard therapy, in addition to standard CPR:

- Bolus Intralipid 20% IV 1.5 mL/kg over 1 minute
- Intralipid 20% 0.25 mL/kg/min immediately after bolus
- Continue chest compressions to circulate lipids
- Repeat bolus 45-5 min up to 3mL/kg total dose until circulation is restored
- Increase infusion to 0.5mL/kg/min if BP declines. Continue infusion until hemodynamic stability is restored.
- Max total dose 8mL/kg is recommended
- www.lipidrescue.org

POWV RISK FACTORS

Female, Age > 40, History of POWV, Motion sickness, Vertigo, Surgeries - Laparoscopic, Laparotomy, major breast, strabismus, intraocular, dental, middle ear, tonsils, adenoids, neuro (intracranial), gynecologic, testicular, scrotum, kidney stones

POWV TREATMENT ALGORITHM

Number of Risk Factors	Chance of POWV	Treatment
0	10%	No drugs
1	20%	1 drug
2	40%	2 drugs
3	> 60%	3+ drugs

*F = (0.9/5) * C * 32
*C = (5/9) * F - 32

Anesthesia Emergency Drip Cheat Sheet

Jeanne R. Perrone



Anesthesia Emergency Drip Cheat Sheet:

Small Animal Dental Procedures for Veterinary Technicians and Nurses Jeanne R. Perrone, 2012-09-10 Small Animal Dental Procedures for Veterinary Technicians and Nurses is a comprehensive procedures based resource for technicians and nurses involved with all aspects of canine feline and exotic animal dentistry Heavily illustrated and clinically oriented this training manual provides step by step instructions on the oral exam anesthesia cleaning and radiology as well as the necessary background on dental anatomy common diseases and terminology Each chapter includes learning objectives and key terms to promote retention and a companion website provides review questions training exercises images from the book and additional images in PowerPoint chapter glossaries and forms available for download Fully authored by Veterinary Technician Specialists in Dentistry the book covers all aspects of veterinary dentistry that a technician will encounter in daily practice with a special emphasis on the technician's role relative to dental procedures With extensive full color pictures review questions and glossary terms Small Animal Dental Procedures for Veterinary Technicians and Nurses is equally useful for veterinary technician or nursing students technicians or nurses in practice and those pursuing their specialty certification in veterinary dentistry

Small Animal Surgical Emergencies Lillian R. Aronson, 2022-08-02 Small Animal Surgical Emergencies A comprehensive and up to date guide in emergency surgical intervention for veterinary professionals Small Animal Surgical Emergencies Second Edition continues to be an important resource focusing on surgical emergencies combining the work of surgical specialists and critical care specialists and filling a void in educating and informing veterinarians The new edition of this book provides updated information on an array of topics such as preoperative stabilization new and innovative treatment options and aftercare Each chapter covers step by step information on emergency stabilization diagnostic approach operative techniques postoperative care common complications encountered in each case and how to troubleshoot any such complication should they occur It also offers simplified surgical techniques to ensure success and describes new and novel procedures throughout The Second Edition of Small Animal Surgical Emergencies features Nine new chapters covering operating room nursing tips rectal prolapse colonic torsion surgical intervention post celiotomy assisted enteral feeding tubes open chest CPR managing complications of skin flaps and grafts incisional infection and joint luxations Many chapters are written in collaboration by experts in small animal surgery and critical care combining these practices in one important resource Relevant anatomy imaging and full color illustrations and drawings incorporated into each chapter Inclusion of case presentations when relevant An important tool for small animal general practitioners veterinary surgeons critical care specialists as well as veterinary nurses and operating room technicians Small Animal Surgical Emergencies Second Edition is a crucial resource for this constantly evolving branch of veterinary medicine

Iowa Emergency Resource Management Plan, 1966 Nurse Anesthesia John J. Nagelhout, Karen L. Zaglaniczny, 2001 This revised and streamlined guide to modern anesthesia practice is fully updated with hot topics such as

non operating room anesthesia office based anesthesia and anesthesia for laparoscopic procedures The second edition includes the specifics of pharmacokinetics drug delivery systems opiate antagonists and several key induction drugs

Equine Ophthalmology Brian C. Gilger, 2022-08-02 Ein umfassendes Nachschlagewerk in dem sämtliche Aspekte der Ophthalmologie beim Pferd behandelt werden perfekt für allgemeine Tierärzte und Fachtierärzte Die neu bearbeitete vierte Auflage von *Equine Ophthalmology* ist ein umfassender und maßgeblicher Leitfaden für alle Aspekte der Augenheilkunde beim Pferd Das Werk enthält aktualisierte Verfahren Protokolle und Therapien mit noch mehr Bildern zur Illustration Es ist in einem leserfreundlichen Tabellenformat gehalten und dient vor allem zur Erstbehandlung Dabei richtet es sich an alle Tierärzte die sich mit Pferden befassen von allgemeinen Tierärzten bis zu Spezialisten für Augenheilkunde beim Pferd In diesem Werk erhalten die Leserinnen und Leser außerdem Eine gründliche Einführung in die augenärztliche Untersuchung und die praktischen Techniken sowie die moderne Bildgebung in der Augenheilkunde Praktische Empfehlungen der neuesten Behandlungsmethoden bei Erkrankungen und Eingriffen an Augapfel Orbita den Adnexen dem nasolakrimalen System an Hornhaut Linse und Uvea sowie bei Uveitis und rezidivierender Uveitis Vertiefende Untersuchungen zum Glaukom zur Sehkraft zur Neuroophthalmologie zu systemischen Erkrankungen sowie eine Erläuterung der nationalen und internationalen Vorschriften in Bezug auf Augenerkrankungen und geeignete Medikamente Eine umfassende Darstellung zu vererbten Augenkrankheiten Die vierte Ausgabe von *Equine Ophthalmology* ist ein unverzichtbares Nachschlagewerk für alle Tierärzte die Augenerkrankungen bei Pferden behandeln

Ambulatory Surgical Nursing Nancy Burden, 1993 *Ambulatory Surgical Nursing* addresses the chronologic needs of pre intra and post procedure nursing care It provides information on issues such as infection control anaesthesia concerns legalities in relation to risk management and patients who have special health age related or social needs Important themes evident throughout the text include identification of risks and prevention of complications ongoing collaboration of all members of the healthcare team and application of a philosophy of wellness rather than illness

Essence of Anesthesia Practice Michael F. Roizen, Lee A. Fleisher, 1997 Every page covers a single clinical topic over 550 in all presenting important information in an extremely accessible fashion A consistent format allows for efficient consultation Divided into 4 sections Diseases Procedures Drugs and Tests *Essence of Anesthesia Practice* allows you to approach a given problem from any of these directions to find the answers you need Key references point the way to further reading

Physicians Desk Reference Medical Economics, 1983-02 **Physicians Desk Reference to Pharmaceutical Specialties and Biologicals**, 1983 **Modern Hospital**, 1963-07 **Physicians' Desk Reference**, 1984 **Medico Surgical Reference**, 1963 **MSDS Reference for Crop Protection Products**, 1996 **Medicare and Medicaid Guide**, 1969 **Coders' Desk Reference** Med-Index Division Staff Medicode, Medicode, 1999-11

Lippincott's Quick Reference Book for Medicine and Surgery, 1921 *Scientific American*, 1879 *Modern Veterinary Practice*, 1976 *British Medical Journal*, 1946 **CIS Abstracts** International Occupational Safety and Health

Information Centre,1980

Reviewing **Anesthesia Emergency Drip Cheat Sheet**: Unlocking the Spellbinding Force of Linguistics

In a fast-paced world fueled by information and interconnectivity, the spellbinding force of linguistics has acquired newfound prominence. Its capacity to evoke emotions, stimulate contemplation, and stimulate metamorphosis is really astonishing. Within the pages of "**Anesthesia Emergency Drip Cheat Sheet**," an enthralling opus penned by a very acclaimed wordsmith, readers attempt an immersive expedition to unravel the intricate significance of language and its indelible imprint on our lives. Throughout this assessment, we shall delve to the book is central motifs, appraise its distinctive narrative style, and gauge its overarching influence on the minds of its readers.

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