

Acepromazine Injectable – 10mg/ml

- Common dose range is 0.02mg/kg-0.04mg/kg IV, IM, or SQ
- Diluted to 1mg/ml using 9mls of sterile water and 1ml of Acepromazine from main shelf into a sterile vial. Kept by the cubex in a blue pill vial to protect it from the light.
- Commonly used for preoperative sedation as well as postoperative sedation.
- Avoid in dogs with heart disease, liver disease, seizure history and boxers unless the clinician is ok with it.
 - Also use cautiously in MDR1 suspect dogs (collies and sight hounds). Check with the clinician at all times and avoid if possible.
- If the patient is already really worked up, consider using higher doses and using in combination with Trazodone and/or Gabapentin.
- In airway distressed patients, Dr. Stanley likes to have “a mg of Ace” ready. These situations include very distressed lar par suspects when we’re getting them on oxygen. This can be given IM but if patient stabilizes with oxygen flow by and allows a catheter placement, sometimes half of the dose is given IV to help them get less “air hungry”.

Acepromazine Tablets – 10mg and 25mg

- Conservatively 0.25mg-0.5mg/kg in medium to small dogs but can be used in higher doses for extremely excitable or aggressive animals.
- Consider using 0.5mg/kg or higher in the chill protocol for giant and aggressive breeds.
- If the patient is already really worked up, consider using higher doses and using in combination with Trazodone and/or Gabapentin.
- Commonly used for preoperative sedation as well as postoperative sedation.
- Avoid in dogs with heart disease, liver disease, seizure history and boxers unless the clinician is ok with it.
- Also use cautiously in MDR1 suspect dogs (collies and sight hounds). Check with the clinician at all times and avoid if possible.

Acetaminophin (DO NOT USE IN CATS)

- Consider if NSAIDS cannot be used – not the best pain relief but it is one more option.
- 10-15mg/kg q8-12 hours for 5-7 days.
- Children’s Tylenol is available in 160mg tablets (confirm it’s only acetaminophen)
- Adult tablets are usually 500mg

Acetaminophin with Codeine (Tylenol 3 and 4) – DO NOT USE IN CATS

- Tylenol 3 (300mg Acetaminophin/30mgs Codeine), Tylenol 4 (300mgs Acetaminophin/60mgs Codeine).
- Dosed at 1 tablet per 60lb dog given every 8-12 hours for about 4 days.
- These are usually used interchangeably depending on what’s available. Usually, Tylenol 4 is what we reach for at ASCM.
- This is used when a more painful surgery has been performed and the patient needs a couple extra days of better pain control.
- This is also used sometimes when an NSAID cannot be used.

- This is a controlled substance and will need a quantity of tablets written into the signed prescription.
- Sometimes the patient experiences profound sedation with this medication and concurrent medications should be used sparingly if the patient is geriatric or already a low-key type of companion.

Adequan 100mg/ml Injectable

- Typical ASCM dose is 5mg/kg given SQ twice weekly x 4 weeks (label does say 2mg/lb to be given IM but Dr. Degner uses the SQ dose).
- Vial is 5mls and there are 2 vials/box. It is stored at room temperature.
- The vial should be used no more than 10 times total and within 28 days of first puncture.
- Adequan is meant to inhibit cartilage loss in joints with osteoarthritis.
- This can be sold or prescribed out. A prescription for needles/syringes may also be needed.

Alfaxalone 10mg/ml Injectable

- Dose range is 1-4mg/kg given IM most commonly but can also be given SQ or IV (slowly like Propofol).
- This can be used alone as a sedative or combined with Midazolam and Buprenorphine, Fentanyl, Butorphanol, and (less common) Hydromorphone.
- Consider the patient's aggression or anxiety/pain levels when dosing. Very very nice patients or older/debilitated ones can be dosed at 1mg/kg IM and then assessed for sedation level as more can be given. If the patient is extremely fractious and already worked up, it is more common to do 2-3 or sometimes all 4mg/kg at once.
 - When heavy dosing, it's a good idea to have as much set up as possible in case the patient reacts really quickly. Have a station ready to go with oxygen, intubation supplies and IV catheter supplies.
 - The timing can take anywhere from 5 minutes to 20 minutes and sometimes longer for a patient to be sedated enough to work with.
- While we use this for cats most commonly at ASCM, the dosing is similar and can also be used in smaller/aggressive dogs where dexmedetomidine may be contraindicated.
- It is notable that recovery can be prolonged with higher doses.
- Consider using less gas anesthesia during prep and the first hour of anesthesia if the patient is really deep already.
- If a patient reacts really well to IM dosing of Alfaxalone, you can occasionally prep the patient before intubating them. This has been useful in cat ventral bulla osteotomies and TECA procedures where the patient needs to be repositioned a few times during shaving.

Amantadine

- 100mg tablets/capsules – usually given 2mg/kg but can be increased to 3-5mg/kg q12hrs-24hrs. Recent studies suggest 12hr dosing is more effective in dogs.

- This is typically used as part of a multimodal pain control approach and shouldn't be used to replace NSAID therapy.
- Amantadine contributes to pain relief by reducing the development of sensitization to pain in the central nervous system (e.g. brain and spinal cord). Minimum usage time is 3 weeks to "get ahead" and see any additional pain relief.
- Consider in amputation cases as it is believed to help with phantom limb pain. Starting patients on this medication at consultation is advised.
- Some older/geriatric patients may benefit from life-long therapy if blood work values remain within normal limits. Regular blood work doesn't need to be increased in frequency but general 6-12 month screening should still be performed.

Amlodipine

- 2.5mg, 5mg and 10mg tablets
- This medication is commonly used with internal medicine patients to control hypertension.

Amoxicillin

- Typically available in 500mg capsule and 50mg/ml suspension in human pharmacies. Amoxi tabs through Zoetis have a large variety of tablet strengths but ASCM doesn't stock them.
- This is not used commonly at ASCM but when it is prescribed out, you may want to call ahead to the pharmacy the owner chooses to see what they have in stock.

Amoxicillin/Clavulanate (Clavamox Chews)

- 125mg tablets, 250mg tablets, 375mg tablets, 50mg/ml suspension
- 13.75mg/kg
- This is fairly expensive but the human drug equivalent can be prescribed out easily. This is called Augmentin. The dosing is based on the Amoxicillin component of this medication and therefore is calculated at 22mg/kg.
 - The prescription ends up being for 500mg or 875mg tablet. There is a suspension available for smaller patients but the Clavamox liquid is usually the best option for them.
 - Consider calling ahead to the pharmacy for the client to check availability of Augmentin liquid and it's strength.

Ampicillin 1gram vials for injection

- Double check that regular Ampicillin is being requested vs. Unasyn (listed below)
- Dosed at 22mg/kg (range is 20-40mg/kg – confirm with doctor on the case) given IV every 8 hours.
- Reconstitute with 3.5mls of sterile water to make 250mg/ml. Use within 1 hour.

Ampicillin/Sulbactam (Unasyn) – 1.5 gram vials

- Reconstituted using a 50mls sterile saline vial dedicated solely to the Unasyn and then kept in the fridge.
 - Draw 4mls of 0.9% NaCl from the bottle.
 - Discard 0.8mls of this.
 - Add the remaining 3.2mls to a vial of Ampicillin Sulbactam
 - Mix well, draw up entire contents and add back to the remaining 46mls of 0.9% NaCl.
 - Resulting concentration is 375mg/ml.
 - This is good for 72 hours in the fridge. Label with day/time/initials.
- Dose is 15-30mg/kg IV q8hrs (confirm with doctor on the case – typically 22mg/kg).
- May be used in place of cefazolin perioperatively.
- Give with a syringe pump as the medication needs to be given over 30 minutes.
- Will often use with postoperative aspiration suspects +/- enrofloxacin injections.
- Patient is usually sent home with Clavamox (Augmentin is a money saving option) for 1-2 weeks of continued oral antibiotic therapy.

Assisi Loops

- While this is not a drug therapy, these products are prescribed out on orthopedic outpatient fairly often.
- Each loop has at least 150 treatments (these are 15 minute treatments) to help with chronic pain.
- Typical prescription is to use the loop 4 times daily for 2 weeks, then 3 times daily for 2 weeks, then twice daily until the treatment run out.
 - It's important to advise spacing the treatments out by at least 2 hours from each other to preserve the products battery. If the treatments are administered back to back, more than half of the treatments can be lost as the battery cannot be replaced.
- Give a pamphlet out with the assisi loop.

Atimpamezole (Antisedan) 5mg/ml

- Reversal agent for dexmedetomidine and medetomidine.
- Give 1:1 to the dose of dexmedetomidine (equal volume) IM in a major muscle group.
 - Example: 0.3mls of dexdomitor was given, 0.3mls of antisedan is used to reverse it.
 - Always have on hand and labeled before sedation is started in case of emergency.
- Typically works in 2-10 minutes of time. Massage the muscle group where it was given to encourage circulation. Can also stimulate patient to wake up by doing a nail trim or ear cleaning if the recovery is prolonged.
- Consider not giving reversal or giving ½ or partial doses if patients are stimulated enough to walk already or when the patient has had deep levels of sedation for 1 hour or more already. Check with the doctor on the case before sending patient home without any reversal.

- At ASCM, this is currently stored by the Cubex. Additional bottles are in the main locked controlled cabinet.

Atracurium 10mg/ml

- Give 0.1mls/10lb patient IV when the doctor tells you.
- This is a paralytic agent. The patient will no longer be able to breathe on their own within 60-90 seconds of giving it. Effects last around 30 minutes. The vent is REQUIRED.
- Most often used in amputations to keep the patient still as dissection of the nerves and muscles causes massive jerks and jumping of the limb.
- Remember that the patient can no longer “tell” you if they are awake (jaw tone, breathing over the vent, blink etc.). Try to achieve level anesthesia before this point in the procedure with fentanyl infusion and gas anesthesia. Closely monitor the blood pressure to help gauge if the patient needs more gas anesthesia or higher fentanyl rates.
- Stored in the fridge and a vial that needs to be discarded after 14 days of use.
- This is rare but if a second dose is requested, give ½ of the amount.

Atropine 0.5mg/ml (multiple doses and uses exist currently at ASCM)

- Anticholinergic drug used when both bradycardia and hypotension are present during anesthesia as well as AV block that may be noted on the ECG waves. If unsure of when to use, how much to use, route to use, always check with the doctor on the case.
- Stored in top drawer of every crash cart in surgery, treatment and in emergency drug tote in back treatment and internal medicine.
- Emergency dose is calculated by dividing weight in lbs by 20.
 - Ex: 50lbs/20 is 2.5mls given IV if the doctor says during CPR.
 - When giving in emergencies, give directly in the IV rather than a part of the fluid line even if you have to go as sterile as possible under the surgery drapes to do this.
 - In high risk cases, a leg tie can be used to note or mark which leg the IV is in and directly where it is. For instance, use the bright green tie to give you a direct line to your IV access and the dark blue one on the opposite leg (or not at all if the patient doesn't need a tie on the other leg).
- Non-er dose is ¼ of the above dose.
- Smartflow dosing is 0.04mg/kg listed to be given during arrest. This can also be given during severe bradycardia if both the heart rate and blood pressure are low.
- Atropine use may cause continued or “worsened” AV block until the electrical signals of the heart catch back up.
 - Ex: instead of having prolonged p waves, the p waves may start to appear as extras without concurrent qrs complexes.
 - This effect usually resolves in 1-2 minutes.
- May cause dramatic tachycardia.
- If close to “cut time” ask the doctor about a fluid bolus instead to avoid the patient waking up (ensure there are not heart murmur considerations).

Azithromycin 250mg Tablets

- 5mg/kg q24hrs
- Not used very often at ASCM
- Consider calling ahead to the pharmacy to check suspension concentrations.

Bupivacaine 0.5% or 5mg/ml – See Nocita for liposomal version

- 1.5mg/kg used in a splash block in abdominal lap procedures – Dr. Pearson likes for lap livers.
- Usually kept in the top drawer of the surgery crash carts as well as by the cubex in the treatment area.
- Can also be used in MILA chest tubes with thoracic cases that are extra painful. See doctor for dosages/frequency on this. Chase with a very small amount of air (~2mls unless it's a really small patient).
- Preservative-free bupivacaine may be stocked in the future if epidural treatments restart.

Buprenorphine 0.5mg/ml (ours is compounded to this concentration)

- Used in shorter or less painful procedures as a premedication at a dose of 0.025-0.03mg/kg.
- More commonly used postoperatively in almost all of the surgical patients before they go home. When the “step down” to Buprenorphine happens is entirely dependent on the doctor preference as well as the patient pain levels.
- Consider sending home when NSAIDS are not enough coverage or if they are contraindicated.
- Buccal/Transmucosal uptake is really good in cats only – send home in syringes to be given along the gums/and the tongue.

Butorphanol (Dolorex) 10mg/ml

- Controlled/stored in the cubex
- 0.2mg-0.4mg/kg IV – used 0.11 mg/kg most commonly with dexdomitor (see below)
 - Give 1:1 IV with dexdomitor for young/healthy orthopedic CT scans, bandage changes, sedated radiographs, wound therapy etc.
 - 50lb dog gets 0.25mls of Butorphanol and 0.25mls Dexdomitor IV in same syringe injection.
- Can be given SQ, IV and IM and sedation may last 6-8 hours (the dexdomitor part is reversed).
- Internal medicine will sometimes use when sedating for IV catheter placement.
- Avoid using if it's possible a case will go to surgery. Butorphanol will stay on the opioid receptors for a long time and provides very little to no surgical level pain control.
- Can also be given with Acepromazine for sedation.
- Not often used at ASCM currently but should be considered for airway sedation. Dosing potentially to follow.

Calcitriol

- Compounded via Dalcoma pharmacy into 100ng/ml (notice it's in nanograms). It is shelf stable and doesn't need to be kept in the fridge.
- Used to supplement patients post parathyroidectomies.
- Average dose is 0.05mcg/kg/day – check with Dr. Degner as he will use the patient's current ionized calcium result to determine the starting dose and then he and the client will taper the dose over a few weeks until the pet is completely off the medication.
- Usually 1 month of medication sent home from ASCM. The patient will return for EPOC chemistry panels to check ionized calcium levels or may be ok getting follow up blood draws at their general practice.
- When tapering medication, the client has to be very diligent in watching for muscle twitching or tremors, weakness, depression or in severe cases, ataxia.

Capromorelin Solution (Entyce) 30mg/ml

- Shelf stable solution used as an appetite stimulant in dogs.
- Avoid using in cats due to profound sedation.
- 3mg/kg PO q24hrs – see dosing chart
- Comes in 10, 15 and 30ml bottles with their own dosing syringe.

Carprofen 50mg/ml Injectable

- NSAID most commonly used in the orthopedic patients at ASCM.
- Give SQ at 2.2mg/kg, 3.3mg/kg or 4.4mg/kg. Usually 4.4mg/kg (24 hour coverage) is tolerated just fine but other doses can be considered if a 12 hour or 18 hour dose coverage is desired.
- Kept in the fridge. Current trade name at ASCM is Caprieve injectable.
- Do not use if patient is on steroids or may need steroids in the near future (ex: airway anesthesia).
- Before giving, check if the patient is on another NSAID and when it was last given. There should be at minimum a 2 day gap between steroid or other NSAID usage. Before making the decision to change, check with the doctor on the case.
- May want to consider giving post op to ensure proper blood pressure and prevent kidney injuries although studies show it is most effective when given preoperatively. If unsure, check with the doctor on the case.

Carprofen Tablets

- Current trade name at ASCM is Carprovet tablets. They are available in 25mg, 75mg and 100mg tablets.
- Can be given either q12 or q24 hours. Most often we mimic the dosing already prescribed at general practice if it was calculated appropriately.
- Caplets are available for pets that have beef food allergies.
- See table or calculate 1mg/lb q12hrs, 2mgs/lb q24hrs
- Can give a couple hours prior to the time patient would be due after injection.

- Ex: 10am injection was given on surgery day at 4.4mg/kg SQ; that patient can start oral dosing the next day at 8am if they are eating.
- Give with food. Stop if patient experiences diarrhea, black stools, vomiting or inappetance.
- Make sure orthopedic patients only get NSAIDS for 10 days. Further administration can impair bone healing.

Cefazolin 100mg/ml (most common concentration used at ASCM)

- Reconstituted in 100ml vials with 96mls of sterile water for injection. Kept in the fridge for no longer than 3 days.
 - Triple check that the bottle of sterile water isn't a mis-stored bottle of dextrose or other similar large bottle of injection.
- Administer 22mg/kg IV q90 minutes when in surgery. Make sure the first injection is on board about 15/20 minutes before actual start time.
 - Ex: 60lb dog gets 6mls IV
 - When giving, consider the port you are giving it in and the fluid rate. Very small dogs may need the injection directly vs. higher up the IV line.
- Post op administration is dependent on the case type.
 - ASCM TPLO and other orthopedic procedures will get cefazolin IV q90 minutes perioperatively and a SQ dose given at recovery. This is followed the next day by morning Cephalexin dosing at the patients first feeding time.
 - Most larger abdominal procedures or soft tissue cases that get antibiotic therapy to go home will be maintained in hospital by q8hrs IV dosing of cefazolin
 - Ex: Ectopic ureter implantation gets q8hrs IV cefazolin until it goes home and starts it's chosen antibiotic therapy (possibly Clavamox or Augmentin pending urinary culture).
- Slow administration is advised (give over 60-90 seconds in a fluid line).

Cefovecin (Convenia) 80mg/ml SQ Injection

- Administered SQ only as a single injection for about 14 days of antibiotic coverage. It is rare but you can consider a second injection if needed.
 - Ex: blocked cats that got an injection 10 days prior but are getting PU surgery.
- See box panel for reconstitution instructions. Typically Zoetis sends a 10ml sterile water vial for use in this.
- Kept in the fridge for 56 days. Discoloring of the solution within a couple days is completely normal and it will turn a dark amber color as it gets older.
- Used when oral antibiotic use may be challenging or may cause GI upset. Mostly cost restrictive if patient is over 25lbs but can still be considered.
- Very small dog fracture patients or cats do well with this medication. Check with the doctor on the case before switching out usual cephalexin dosing for this.
- It does not replace the perioperative cefazolin injections that are given q90 minutes. If used, it is given postoperatively.

- When charging, this has to be put in through rx to catch the entire fee. Most injections will be over \$50.

Cefpodoxime (Simplicef)

- 10mg/kg PO q24hrs for 7-10 days or more.
- Available readily at most pharmacies in 100mg and 200mg tablets. Client may also be able to get from their primary care. It is not currently stocked at ASCM.
- A favorite antibiotic of Dr. Zellner's for anal sacculotomy cases as well as others.

Cephalexin

- 500mg and 250mg capsules (and sometimes 150mg tablets)
- 22mg/kg q12hrs. In most cases, round up to the nearest 250mg.
 - Ex: 70lb dog usually gets 750mg of Cephalexin unless the patient is a very firm 9/9 body condition score.
- Usually free at Meijer if client is money conscious.
- Most orthopedic cases will go home with 5 days or 7 days of this.
- Stop medication if patient is in-appetant, or has vomiting or diarrhea.
- Some patients may come in with a known Cephalexin intolerance. Check with the doctor about alternatives in this case.

Chloramphenicol – USE GLOVES

- 40mg/kg q8hrs – given with food. Therapies are usually 14 days or even longer.
- This antibiotic is hardly used unless a culture comes back showing sensitivity only to this.
- It's expensive but compounding usually ends up being a similar price to selling what we have stocked in house.
- Compounding can be useful with small patients. You can text Dalcoma to get pricing.
- USE GLOVES not only when dispensing but also to send home with the owner for administration at home.
- Avoid having immunosuppressed or compromised clients administering medications. See if someone else in the household can handle this medication.
- Deep infections such as chronic ears cultured during TECA procedures or other implant infections, wounds may need this therapy.

Cisapride

- 0.5mg/kg PO q8hrs, 30 minutes before meals.
 - Some rounding ok. Ex: 35kg lab gets 15mg Cisapride but 8kg Frenchie gets 4mg Cisapride.
- This has to be compounded (not available through distribution); capsules usually tolerated well but tablets and liquid available for slightly higher cost.
 - Dalcoma has competitively priced this down to about ~\$65/bottle regardless of strength because of our working relationship. Other pharmacies are usually \$110-\$150 for 30 day supply.

- Used as a gastric motility medication (concurrently with Omeprazole) to prevent aspiration pneumonia in airway surgeries.
 - All laryngeal paralysis cases and brachycephalic cases should ideally start therapy 2 weeks prior to surgery and continue at least 3-4 weeks postoperatively.
 - Lar par dogs and older, chronically affected bull dogs may be on this for life.
- 10mg/ml liquid is stocked from Dalcoma compounding.
- 30 days-worth dispensed at a time through compounding with 5 refills ok'd.
- Shake before use but doesn't need refrigeration.
- Soft stools or diarrhea may be noted but sometimes resolve after a day. If they worsen or are urgent enough to cause accidents in the house, decrease dosing to 12hrs or consider 0.3mg/kg dosing. This is rare but sometimes necessary in smaller brachycephalics.
- If vomiting is noted, this is usually stopped completely and noted in the medical record so we do not attempt to restart it post op.

Clindamycin

- 11mg/kg q12 hours for 7-10 days or possibly pending culture.
- Give with food. May cause esophagitis.
- Check shelf, we usually have 75mg, 150mg and 300mg capsules. Liquid clindamycin might be available at the rDVM.
- May want to call ahead for available strengths if prescribing out.

Codeine

- 15, 30 or 60mg tablets sometimes available (this is without the Tylenol)
- About 1mg/lb q8hrs for 3-4 days. May cause sedation.
- Controlled and will need a quantity added in the notes of the prescription.
- Not usually as effective as the Tylenol 4.
- May be easier to send home Buprenorphine SQ injections if the client is able to administer them.

Deracoxib (Deramaxx)

- 1-2mg/kg q24 hours for 10 days in orthopedic cases.
- Another NSAID option, usually only continued if a patient comes in already on it.

Dexamethasone 2mg/ml Injection

- Not used with surgical patients.
- Check with internal medicine for dosing and usage considerations.
- Make sure if this is ordered that it is dexamethasone and not Dex Sp.

Dexamethasone Tablets

- 0.5mg tablets stocked in house used almost exclusively as part of the ear polyp protocol.

- Usually dosed at 1 tablet BID for 2 weeks, then 1 tablet SID for 2 weeks, then every other day for 2 weeks with concurrent Zeniquin therapy as well as Synotic/Baytril ear drop therapy.
 - A separate entry detailing the whole protocol will be listed. The protocol can be used for out-patient polyp plucking as well as when ventral bulla surgery is performed.
- This is a steroid and cannot be combined with NSAIDS.

Dexamethasone Sp 3mg/ml Injection

- Cannot be given if the patient is currently on NSAIDS.
- 0.25mg/kg is given slowly (2-5 minutes) IV about 30 minute before surgery starts on brachycephalic airway surgeries.
 - If the patient is already severely affected, the dose may be doubled to 0.5mg/kg and it's extremely important to get this on board for peak effect (30 minutes before first cut)
 - If the 0.25mg/kg dosing is given, it's usually a one time in hospital dose. If the patient is very swollen, noisy, oxygen dependent or possibly aspirated, a second 0.25mg/kg dose may be given the next day (about 24 hours later).
- More rapid onset than regular dexamethasone-this is why it is more commonly used in surgical cases.
- Most often used for airway surgeries but can also be considered where swelling around the airway is concerned such as bilateral VBO or TECABO surgeries.
 - Consider waiting on NSAID therapy with this patient until 24 hours post op in case of needing steroids. Fentanyl infusions +/- FLK may be enough pain control for overnight but a decision on steroids vs. NSAIDS should be made before "stepping down" opioid therapy.
- Label says 4mg/ml but dosing is equivalent to 3mg/ml of dexamethasone and calculations should be based on 3mg/ml.

Dexmedetomidine (Dexdomitor) 500mcg/ml or 0.5mg/ml

- Used most commonly IV but can also be given IM especially in aggressive patients. A separate post for the "cocktail" commonly used at ASCM will be listed.
- Used in a variety of ways including twilight level deep sedation, post op dysphoric or excitement correction and some preoperative sedation.
- When drawing up, always have the same volume of Antisedan (reversal agent) drawn up and labeled in case of emergency. The Antisedan is given IM.
- Avoid at all costs with cardiac compromised patients.
- Can cause pretty severe bradycardia but peripheral blood pressure is usually maintained. Heart rates in high 20's-40's are not uncommon in very athletic patients.
 - Monitor for hypoxia and consider flow by oxygen or reversal if extreme cyanosis is noted.
- Dosing for CT scans is 5.5 mcg/kg – this can be entered into an excel spreadsheet on most desktops. See below.

- Give 1:1 IV equal volume with Butorphanol for young/healthy orthopedic CT scans, bandage changes, sedated radiographs, wound therapy etc.
- Ex: 50lb dog gets 0.25mls of Butorphanol and 0.25mls Dexdomitor IV in same syringe injection. This will give most patients 45-60 minutes of deep sedation.
- Avoid using this if the patient may go to surgery since Butorphanol affects the opioid receptors long term.
- Postop excitement/dysphoria can be prevented or treated with microdoses. Commonly these are around xxx. There are some analgesic properties to dexdomitor as well though it is not used as a sole analgesic.
 - Most 60-80lb dogs can tolerate 0.05-0.07mls if still a little sedate and slowly vocalizing/noise sensitive. If they are violently waking up very fast, consider 0.1mls as quickly as possible with a potential small second dose or follow up acepromazine (if no contraindications are present) top off to get longer sedation control.
- Preop sedation can be given around 1mcg/kg IV but may give some ECG abnormalities in surgery along with bradycardia. These are usually minor and ok left untreated if the peripheral blood pressures and all other parameters are still in normal limits (perfusion color, jaw tone, eye position etc.). Consider reversing if anything seems off.
- Atropine is contraindicated when dexdomitor is on board due to peripheral vasoconstriction-it is thought the heart will need to pump extra hard. If it is needed and the patient received preoperative dexdomitor, chat with the doctor on the case about reversing vs. atropine administration or other hypotension treatment options that may be available.
- When used on outpatient, some patients may not need whole volume reversals or any reversal at all. This is dose and time dependent. If the patient is able to walk out of the door before any reversal is given ask the doctor on the case and see if they are ok giving a half dose or no dose at all.

Dextrose 50% for Injection

- Single injections given for stabilizing patients are usually expanded around 1:4 and given over about 5 minutes.
- We stock large bottles that, once opened should be dated and kept in the fridge for no more than 7 days.
 - Do not store unopened bottles right next to the large bottles of sterile water we use for cefazolin reconstitution.
- Most often, this is administered in an IV fluid bag for maintenance in some critical cases. Vet girl has great information on this.
 - 2.5% solutions – 50mls added to 1 liter fluid bags (after removing 50mls of fluid from the bag to avoid dilution)
 - 5.0% solutions – 100mls added to 1 liter fluid bags
 - Make sure the fluid bag is labeled with an additive sticker.
 - Rarely given in surgery but if it is, make sure it is not give more than maintenance rate and no bolus amounts happen with this fluid line.

Diazepam (Valium) 5mg/ml Injection

- Kept at ASCM for seizure patients mainly.
- 0.5-1mg/kg IV once or consider CRI if the injectable Levitracetam is not available.
- Reversed with Flumazenil - **IV use only** 0.01mg/kg

Diphenhydramine 50mg/ml Injection (Benadryl)

- Used in emergencies if drug reaction is suspected. Ask your doctor to confirm the dosing but 2-4 mg/kg (not to exceed 40mg total) IM. A steroid injection may also be added.
- More commonly this is used when aspirating a potential mast cell tumor as well as prior to the removal on a surgery day. Dose is usually 1mg/lb given SQ or IM.
- Light sensitive – usually kept in a large blue pill vial on the main medication shelf.

Diphenhydramine Capsules/Tablets (Benadryl)

- Not prescribed very often but can be started at consultation with regard to mast cell tumor disease.
- Oral dose is usually 1mg/lb given twice daily prior to mast cell tumor removal surgery.

Doxapram (Dopram) 20mg/ml Injection

- Used most commonly for stimulated airway examinations to determine laryngeal paralysis status.
- Draw up 1mg/kg for routine airway exams but occasionally 1.5mg/kg or 2mg/kg is used, especially in young congenital larpar suspects.
- This medication is extremely stimulating (it's job is to generate very large and deep breaths) so have extra Propofol on hand. May need to breathe down before starting any whole body CT scan to avoid dogs breathing over the breath hold or waking up.
- Doxapram is also an emergency medication for respiratory stimulation. Refer to the doctor for dosing. This is strongly contraindicated for use in neonates.

Doxycycline

- Used mostly in internal medicine. See the doctor to confirm dosing but a general guideline is 10mg/kg PO per day total. This can be given SID or BID. Cats are usually dosed once daily due to the ease of dosing availability
- We stock 20mg and 100mg tablets.
- Known to cause esophagitis in humans but it is more rare in dogs/cats. Still advised to give with food and water-especially in cats to avoid stricture.

Enrofloxacin (Baytril) 100mg/ml and 22.7mg/ml Injection

- Used in hospital to treat deep infections or possible aspiration pneumonia.
- Dosing is doctor dependent.
 - Dogs – 7.5-10mg/kg PO q24hrs
 - Cats – 2.5mg/kg PO or IV (do not give more than 5mg/kg)

- When administering IV, expand the dose 10 fold using sterile saline and give with a syringe pump over 20-30 minutes.
 - Make sure this is given directly into the IV catheter. Severe reactions can occur when mixed with fluids that contain magnesium such as Norm-R.

Enrofloxacin Tablets

- Dosed for aspiration pneumonia suspects. 10mg/kg PO q24hrs for 10-14 days is ideal for dogs (Dr. Stanley's preferred dosing). Confirm dose with the doctor you're working with.
- Tablets are very large but scored for easy ½ or ¼ tablet dosing.
- We carry 22.7mg, 68mg and 136mg tablet.
- Not available at human pharmacies.

Epinephrine 1:1000 (1mg/ml) Injection

- Current ASCM anesthesia sheets dose the **weight in pounds divided by 20**.
 - Ex: 50lb dogs would get 2.5mls IV if arrested only.
 - No non-ER dosing is used.
- The CPR sheet in smartflow utilizes low and high dosing to be used as it's listed in there.
 - 0.01mg/kg IV is low dosing (almost never used)
 - 0.1mg/kg IV is high dosing (same as listed on the bottom of the current ASCM anesthesia sheets) – every other BLS cycle times 3 doses before possibly stopping CPR.

Famotidine 10mg/ml Injection

- Preoperative for most surgeries is ideally given at home via Pepcid AC tablets. When this is not the case, almost all orthopedic cases get 1mg/kg IV or SQ once sometime prior to surgery.
 - If a case is at the end of the day and it didn't get Pepcid AC at home, consider administering SQ to get it on board if there is no time for the iv catheter.
- Hospitalized IM cases usually get BID dosing at 0.5mg/kg. Dr. Pearson sometimes caps this at 2mls max dose through IV. Always check the dose with the doctor on the case.

Famotidine (Pepcid AC) Tablets

- Most of the time this is advised to be given pre-operatively in elective surgery cases (usually orthopedics).
 - Dose is 10mg per 20lbs with a max of 4 tablets.
- We do have a bottle of 10mg tablets if any needs to be dispensed however we usually advise they just get it from over the counter or if they already have it in their medicine cabinet.

Fentanyl 50mcg/ml (0.05mg/ml) Injection

- Opioid used in painful surgeries or if Hydromorphone is contraindicated (ex: brachycephalics).

- Look out for bradycardia, hypoventilation and hypotension.
 - Some of this can be treated by decreasing isoflurane dose in surgery.
- Very short acting pain relief (15-20 minutes). If longer analgesia is needed, a CRI is used.
- Beginning bolus amounts are usually 3-5mcg/kg depending on the level of pain. Anything higher can cause bradycardia and/or dysphoria.
 - If a CRI isn't started within 20 minutes of the bolus, a second bolus may be needed.
- Starting CRI dose is usually 5mcg/kg. Once the heart rate settles in (usually within 3 minutes or so) if the patient is not too bradycardic, the CRI can be adjusted up to 7 or 10mcg/kg/hr or more. Make adjustments slowly to avoid profound bradycardia and possible reversal. As the patient gets a little deeper, higher doses of fentanyl can help lower the amount of isoflurane being used.
- Consider using in FLK or other combos for multimodal postoperative analgesia. If doing this, see the excel spreadsheet available on the VASG website.
 - Avoid FLK in cardiac risk patients due to the Ketamine component.
 - FLK can be a good mix for very large patients if lots of Fentanyl is needed and we are short in hospital.
 - There is about 2mcg/kg in FLK when made to the VASG recommendations.
- For very small patients (5lbs or smaller), Fentanyl can be diluted.
 - Anytime this is done, clearly mark that diluted fentanyl is being used and make any appropriate fluid adjustments to avoid delivering too much fluids above the maintenance rate.
- Every patient that is on a Fentanyl CRI needs a sheet printed off for patient care.
- Monitor the patient for hypersalivation/nausea and consider Cerenia if noted.

Firocoxib (Previcox)

- Available in 57mg or 227mg once daily. Given for 10 days post orthopedic surgery.
- 5mg/kg q24 hours
 - Dosed by the chart available online but may be effective at lower doses.
- Preferred NSAID to dogs that do not tolerate carprofen. Make sure there is at least a 48 hour washout period if switching NSAIDS.
- Anecdotally, some labrador retrievers may do better with this than carprofen if slight liver enzyme elevations are noted. Internal medicine has noted a higher incidence of severe liver injury in labs that have received carprofen therapy even in short amounts of time.

Flumazenil 0.1mg/ml Injection

- Emergency reversal of benzodiazepenes (midazolam, diazepam, alprazolam).
- **IV use only** 0.01mg/kg – this dose is also on the ER drug sheet in smartflow.

Gabapentin

- Available in 100, 300, 400 and 600mg doses or 50mg/ml syrup. Can also get 50mg tiny tabs, regular tabs or capsules compounded (good because the liquid isn't well tolerated).
- Use to address neurologic type pain and/or as a sedative (like the chill protocol dosing).
- There are very little systemic side effects other than sedation.
- Most doctors will use 10mg/kg PO q8hrs for 10-14 days +/- refills if longer analgesia may be necessary.
 - Gabapentin is dosed up to 20mg/kg PO night before and morning of for chill protocol.
- Used best with an NSAID (if tolerated) rather than as the only pain medication.
- Gabapentin is controlled and needs a quantity added in the label when making prescriptions.
- Avoid prescribing liquid out to human pharmacies as most of their oral solutions have xylitol (a toxic preservative).
- If being dispensed rather than being prescribed out, make sure to print an extra label and put on Dr. Lisa's desk for MAPs.

Gadodiamide (Omniscan) 287mg/ml Injection

- MRI contrast agent only – used mostly in brain scans
- Given as a single injection – doesn't need to be given slowly
- 0.1mls/lb – doesn't need to be carefully timed like the contrast in CT does.
 - Ex: 50lb dog would get 5mls IV

Grapiprant (Galliprant) Tablets

- Common NSAID used if the patient has had previous liver enzyme elevations. Created for older patients with chronic OA but it doesn't seem to improve symptoms as well.
- 2mg/kg PO once daily
- 100mg, 60mg and 20mg tablets are kept in stock at ASCM

Heparin 1,000 units/ml Injection

- Sometimes used postoperatively in adrenalectomies to avoid thromboembolism.
- ALWAYS double check this dose with the doctor on the case but a sample protocol is:
 - 100 units/kg q8hrs on 1st surgery day, same dose q12hrs on day 2 and discontinued on the 3rd day.
- Double check the concentration and the expiration date on the bottle since it's used very infrequently.
- When using heparin flushes – avoid using a lot in small patients. Consider flushing with the patients fluids instead if needing to repeatedly flush.

Hetastarch/Vetstarch Injection

- 250ml and 500ml bags of Vetstarch (6% starch in 0.9%NaCl) are currently stocked at ASCM.
- Used to treat hypotension that isn't responsive to fluid bolus.

- 5mls/kg can be given IV up to 4 times total
 - Needs to be given over 15 minutes
- The bag usually needs to be discarded after use to avoid microbial growth.
- Make sure to enter into the invoice if used.

Hydromorphone 2mg/ml Injection

- Used as the premed opioid in most elective orthopedic cases. Lasts for 2-4 hours.
 - Sometimes small doses are given postop a little more often than Buprenorphine would be. This is up to the doctor/tech and is done on a case by case basis for more painful patients.
- 0.1mg/kg IV given over 10-20 seconds.
 - If it has to be given IM it's usually painful and vomiting is likely.
- Sometimes causes nausea, drooling even when given slowly IV but most often panting is noted. Some patients may need an anti-emetic added to the protocol if repeat doses are going to be used post op.

Isoflurane

- Gas anesthetic used for general anesthesia once a patient is intubated.
- Can cause severe hypotension if left on high percentages for long periods of time.
- If a patient is needing 3% or higher consistently, consider evaluating the current protocol and finding a multimodal approach/answer to assist anesthesia.
- When making adjustments, remember that oxygen flow rate limits how quickly the changes can affect your level of anesthesia.
 - Temporarily increasing oxygen flow rate can help speed this up.
- In emergencies, remember to have the Isoflurane off if fully arrested.
 - Consider safely disconnecting and flushing the line to clear out all anesthesia.

Ketamine 100mg/ml Injection

- Most often used at ASCM as adjunctive pain control rather than for general anesthesia.
- Acts as a NMDA receptor inhibitor.
- Avoid use in anything with head trauma, known severe cardiac dz, large amounts of blood loss or prolonged hypertension.
- Can be given in surgery if a patient seems extra painful
 - 0.5mg-1mg/kg IV once or twice depending on the severity of pain or hypertension present.
 - If patient responds well but goes right back to painful, a CRI can be started post op. See VASG website.

Levitracetam 100mg/ml Injection (Keppra)

- Kept in Dr. Pearson's cupboard for seizure patients.
- Loading dose is 60mg/kg IV but check in with the doctor on the case.

Levitracetam Tablets

- 500mg and 750mg tablets are kept in Dr. Pearson's cupboard.
- 10-20mg/kg PO q8hrs - check in with the doctor on the case.

Lidocaine 2% (20mg/ml or 20,000mcgs/ml)

- Can be used as a CRI to help with somatic pain. See VASG for help with calculations if needed.
- 30mcg/kg/min is one option and can be added to the fluid bag.
- Consider using as a local anesthetic on outpatient biopsies unless Nocita is quoted. Inject and let set for about 5 minutes.
 - Use caution when dosing cats. Consider 0.5mg/kg or lower in case a repeat dose or CRI is necessary. Give **SLOWLY!**
 - Watch for hypotension with IV bolus.
- Use 2mg/kg IV bolus to treat ventricular tachycardia in dogs. A repeat dose can be given in 20 minutes if tolerated well and no adverse reactions noted.

Marbofloxacin (Zeniquin)

- Antibiotic used almost exclusively as part of the ear poly protocol at ASCM.
- The 25mg tablet is stocked but rDVMs may carry larger doses or consider compounding.
- No available at human pharmacies.
- In the protocol, 3-5mg/kg PO q24hrs for 30 days.

Maropitant (Cerenia) 10mg/ml Injection

- Used to treat nausea/vomiting or hypersalivation believed to be caused by nausea.
- 1mg/kg IV or SQ q24hrs
- Consider use in preoperative protocols for brachycephalics, any airway compromised situation or any abdominal surgery.
 - Believed to have some somatic pain relief.

Maropitant (Cerenia) Tablets

- Dosed at 2-4mgs/kg PO q24hrs for at home vomiting control or car sickness.
 - Try and give 2 hours prior to car rides.
- 4 ct. Boxes are charged out by the box
 - Ex: sending home 4 tablets? Put 1 in the quantity line of the prescription in SpecVet.
- See the table in the drawer to easily dose out.
- We stock 16mg, 24mg, 60mg and 160mg tablets.

Meloxicam (Metacam) 5mg/ml Injection

- NSAID used in a lot of smaller dogs.
- 0.1mg/kg IV or SQ – we do not use a loading dose at ASCM.
- Avoid using in cats since Onsior is available – occasionally causes kidney issues.

Meloxicam (Metacam) Suspension

- Honey flavored liquid NSAID-shake gently before using. No refrigeration required.
- 0.1mg/kg PO q24hrs but more often dosed with the weight.
 - They syringe in the box is labeled per weight and doses at 0.1mg/kg
- If using the Meloxicam syringe, give directly to the pet based on the weight.
- If dosing out individually instead of sending a whole bottle home, the meloxicam syringe is designed to fit to the end of a medication syringe to measure out mls.
- 1.5mg/ml suspension is stocked in 32ml and 10ml bottles
- A smaller animal 0.5mg/ml suspension (with a different syringe) is available in a 15ml bottle.
- If prescribing the tablet for human pharmacies to fill, it can be cheap alternative as it's on the free or low cost list for most big pharmacies.

Metamucil (Miralax)

- Prescribed postoperatively in elective surgical discharge instructions for possible opioid related constipation.
- 1tsp/50lbs

Methadone - Not currently available at ASCM

- Least vomit inducing opioid medication when used at a premedication.
- Thought to have both opioid agonist and NMDA antagonistic properties.
- 0.25-0.5mg/kg (Dogs can get up to 1mg/kg) and it lasts 4-6 hours.
 - GIVE SLOWLY IV in cats when a sedative is also used (such as 0.01-0.05mg/kg Ace).
 - High doses can cause bradycardia.

Methocarbamol

- Muscle relaxant usually used in acute soreness alongside NSAIDS.
- 22-66mg/kg PO q8-12 hrs
 - Sometimes a loading dose is used at 44-66mg/kg

Metoclopramide 5mg/ml Injection

- GI Prokinetic used mostly as a CRI but can also be used as a spot injection if an orthopedic patient regurgitates under anesthesia.
 - Dr. Dan likes 0.4mg/kg IV q8hrs for two or three injections.
- Can cause behavior changes.
- Should be avoided in patients with seizure history.
- Not usually a good choice in cats due to fewer dopamine receptors.
- CRI is usually run at maintenance which is 2mg/kg/day.
 - This can be calculated and expanded in a syringe based CRI and run a 1ml/hr or calculated as a fluid bag based CRI.
- There is a separate Metoclopramide CRI charge in SpecVet for patients that are getting this for several days in a row.

Metoclopramide Tablets and Syrup

- 5mg and 10mg tablets are stocked at ASCM
- Sometimes sent home to prevent or treat chemotherapy-induced vomiting.

Metronidazole 5mg/ml Injectable

- Injectable and oral GI antibacterial agent. Used to treat diarrhea (usually more severe diarrhea cases that aren't responding to Bene-Bac Gel).
- Most often calculated at 10mg/kg but always check in with the doctor.
 - Rarely used in cats but if so, no more than 5mg/kg
- Can have severe neurologic side effects as well as lethargy, weakness, anorexia, nausea, vomiting etc.
- Light sensitive – ASCM usually stocks 100ml hanging bags that come in silver foil.
- Administer over 20-30 minutes q8-12hrs.
- If a bag is being drawn out of rather than hung and dedicated to a patient, mark when the bag is opened and discard after 28 days.
- Do not use if the solution is not clear.
- Make sure to charge for this in SpecVet.

Metronidazole Tablets

- 500mg and 250mg tablets are stocked.
- Doses that are sent home are often at 10mg/kg PO q12hrs for 5-7 days.
- Can be sent to compounding for capsules, liquid etc – ideal for cats.

Midazolam 5mg/ml Injection

- Benzodiazepine most often used as a co-induction agent. If used alone, dysphoria and agitation usually occurs.
- ASCM calculates 0.1mg/kg for IV bolus prior to Propofol. Can also be given up to 0.2mg/kg
- IM dosing can be 0.2-0.4mg/kg
- Not the first choice for seizures at ASCM but;
 - 0.25mg/kg IV single dose or 0.05-0.5mg/kg/hour CRI since effects are short lived.
- Reversal agent is Flumazenil - **IV use only** 0.01mg/kg

Mirtazipine Transdermal Ointment – 100mg/tube

- Appetite stimulant in cats – box has clear instructions/picture on the 1.5" strip.
 - Apply to the inner pinnae with a gloved finger once daily.

Mirtazipine Tablets

- 15mg tablets available at ASCM
- Appetite stimulant
 - 0.6-1mg/kg PO q12-24hrs – Dogs
 - 1.88mg PO q48-72hrs – Cats
- Avoid concurrent use of Tramadol, Diazepam for possible Serotonin syndrome.

- Use lowest effective dose to avoid too much sedation.

Morphine – not currently used at ASCM

- Pure mu opioid agonist-4-6hrs duration
- Very often induces nausea – avoid in most airway compromised patients
- Causes IV histamine release – do not use if patient is suspected to have mast cell tumors.
- 0.5-1mg/kg SQ, IM or **slow** IV (cats 0.25-0.5mg/kg)

Naloxone Injection

- 0.4mg/ml bottle is stored in a blue pill vial next to the cubex (light sensitive)
- Reversal agent for opioids.
- Calculate 0.02-0.1mg/kg IV or IM
 - Check with doctor, calculate full dose and give in ¼ increments until desired effect is reversed.
 - Effects start about 3-4 minutes after given and last 1-2 hours
- Repeat dosing is rarely but sometimes necessary due to short duration.
- Buprenorphine (very high binding affinity) and Butorphanol (only partial MU agonist) may not fully reverse.

Nocita (Bupivacaine encapsulated) Injection

- Stored in the fridge for up to 4 days (as long as withdrawal using aseptic technique is used).
- Liposomal encapsulated local anesthetic that slowly releases over 72 hours.
- ~5.3mg/kg (0.4 x's the kgs of the patient) is used routinely depending on the size of the incision (sometimes this is rounded up a few milliliters).
- This is usually drawn up in surgery by the sterile surgical assistant who then most of the time expands the solution with about 1:1 sterile saline for injection.
- Also used in ultrasound guided nerve blocks.
- Vials MUST be dated when opened.
- The volume has to be entered through the rx portion of SpecVet to catch the injection fee and put information on the surgical discharge.

Norepinephrine

- Catecholamine medication used to increase and stabilize blood pressure.
- 1mg/ml vials are stored at the very top of the drug cabinet in a paper bag (light sensitive).
- Needs to be administered as a CRI – 0.1mcg/kg/min

Omeprazole (Prilosec)

- Proton pump inhibitor used for acid reduction.
- Dosed at 1mg/kg PO q24hrs. 10mg, 20mg and 40mg capsules stocked ASCM.

- For airway surgeries, they should start 1-2 weeks preop and continue at least 2 weeks post op.
- If the dose falls in between available capsules sizes, a q12hr dosing can also be considered.
- Can also be compounded into smaller doses if the patient is 7mg or less.

Omnipaque (Iohexol Contrast Agent)

- CT contrast agent – 350mg/ml
- 1ml/lb is given with a 60ml max unless it's a giant breed.
 - 140lb great dane might get 100mls (check with doctor on the case)
- Causes local warming sensation in humans; likely why pets wake up after contrast starts.
 - Make sure the patient is deep enough or consider "topping off" with ~2 mg/kg IV propofol before giving this and starting breath hold/scan.
- The timing of the scan and processing of the medication can be tricky. Most routine CT's on average size dogs (40-80lbs) will start the scan and contrast at the same time (with a normal 60 seconds breath hold timing).
 - Consider different timing when patients are very small or much larger.
- Most contrast goes in at 2mls/second but this can be decreased for very small patients or increased to 2.5/3mls when using more contrast and very large patients.

Ondansetron Injection

- 0.1-0.2mg/kg IV q8-12hrs
- This is 2mg/ml – to bottle is stored at room temperature.
- Antiemetic agent. Can be cheaper than cerenia if only needed once.
- Consider using instead of cerenia in cases of severe liver compromise.

Ondansetron Tablets

- 4mg and 8mg are stocked at ASCM
- Significantly cheaper to send home for longer courses of antiemetic than Cerenia.
- Still dosed at 0.1-0.2mg/kg q8-12hrs PO
 - Average 40-60lb dose can get ½ to 1 tablet of the 4mg concentration and still be effective.
- Can cause constipation.

Palladia Tablets

- Available in 30 ct. bottles at 10mg, 15mg and 50mg strength.
- Oral chemotherapy agent that is used in mast cell tumor cases.
- 2-5mg/kg PO on Monday, Wednesday and Friday.
- Pills cannot be split or crushed for safety reasons.
- Patient will need CBC/Chem/Lytes every 3 months for life. Sometimes blood pressures will be run as well.
- When dispensing, only the whole bottle can be prescribed out.
- The patient can discontinue for 7-10 days if GI upset occurs.

- <https://dailymed.nlm.nih.gov/dailymed/medguide.cfm?setid=ae09ae83-0812-4ddc-92e3-730f7a1ae449>
- The above link is client information – ideally wear gloves when administering and cleaning up after dogs on the medication. Always wash hands after handling.

Pantoprazole (Protonix) Injection – 4mg/ml

- Proton pump inhibitor for injection.
- Administered in most compromised airway patients perioperatively.
- Reconstituted to 4mg/ml at ASCM with 10mls of 0.9% NaCl, stored in the fridge for 24 hours only.
- 1mg/kg q24hrs – given IV slowly (do not give IM or SQ)

Phenoxybenzamine Capsules (compounded)

- Prescribed via compounding for hypertension related to suspected pheochromocytoma cases prior to adrenalectomy.
- 0.5mg/kg PO q12hrs for about 7-10 days prior to surgery.

Potassium Injection – 2mEq/ml

- Usually added to fluid bags at maintenance rate.
- 20mEq/1 liter (10ml injected into the bag and mixed).
- Doesn't need to be protected from the light but bag needs label for the additive.
- Add charge to invoice if adding to the bag.

Prednisolone Tablets

- Steroid used in cats or dogs for various reasons.
 - This should always be used in cats when available over prednisone due to better absorption.
- Make sure the pet has not been on NSAIDS recently.
- 5mg tablets are stocked.

Prednisone

- Steroid used in dogs mostly for various reasons.
- Cannot have if NSAIDS are being used.
- 2.5mg, 5mg, 10mg and 20mg tablets are available at ASCM

Propofol 10mg/ml Injection

- Main anesthetic induction drug used for almost every surgery.
- 6mg/kg given IV is usually given to pets scheduled for CT's in order to intubate them.
- 3mg/kg is what is drawn for surgical patients that have had an opioid on board for ~5 minutes but more may be given.
- Give slowly and to effect. On average, the calculated dose should be given over 5-10 seconds.

- When given closer to 5 seconds, patients may become cyanotic and/or apnic. Avoid this with any suspected compromised airways.
- If given over 10-15 seconds or even longer, excitement stages can happen.
- Induction that is performed calmly/quietly usually makes for a smoother recovery.
- SQ dosing stings and should be avoided for potential (rare) tissue necrosis.
- Avoid repeat dosing over a couple days in cats due to preservatives.
- Pets that have not done well with inhalant anesthesia and/or are severely compromised can get Propofol CRI's.
 - Average dose is 10-20mg/kg/hr but doses can go up to 30mg/kg/hr.
 - Some syringe pumps have a quick bolus function that can help if this route is chosen.

Robenacoxib (Onsior) 20mg/ml Injection

- Only NSAID that is approved for use in cats (preferred over Metacam when possible).
- Dose is 2mg/kg for injection SQ q24 hrs (conveniently works out to be the same volume as convenia and cerenia most of the time).
 - Stored in the fridge for 4 months maximum.

Robenacoxib (Onsior) 6mg tablets

- Cats 5.5lbs-13.2lbs get 1 tablet PO q24hrs x 3 days (or more if the doctor approves).
 - Note that this is different than injection dosing.
- Less than 5lbs can sometimes get ½ tab PO q24hrs off label. Over 13lbs can get 2 tablets PO q24 hrs.
- Label says 3 days dosing max but there is a non-published trial from an anesthesiologist in Colorado that has given cats 30 days of once daily dosing for OA pain and blood work revealed no abnormalities.

Synotic Otic Solution

- Fluocinolone Acetonide 0.01% and Dimethyl Sulfoxide 60%
- Only used off label in the cat ear polyp “protocol” which is listed separately and sent home both on outpatient and after surgeries.

Tramadol 50mg Tablets

- Opiate medication used to supplement NSAID administration.
- 3mg/kg dosing PO q8-12hrs (sometimes can be given q6hrs but causes sedation)
- Controlled medication so it is most often prescribed out (don't forget to type out the quantity in the label).
- Avoid use with large doses of Trazodone or any other anxiety medication. This can lead to serotonin syndrome.

Ursodiol 250mg Tablets

- Bile acid used to supplement pets with liver disease.

- Used primarily in internal medicine – check with them for dosing but sometimes around 10mg/kg q24hrs

Yunnan Baiyao Capsules

- Chinese herb used for hemostasis/bleeding disorders or diseases.
- Rarely dispensed but we do have capsules.
 - Usually 2 capsules given/100lb dog every 12 hours.
 - There is a specific capsule in the box for acute bleeding.