



Sedation for Anxious and Aggressive Patients – Ease Your Anxiety!

Free Webinar Summary

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Sedating Known High Demeanour Score Patients



1. Prior to presentation for procedure consider at home medication
E.g. Gabapentin 50 – 100 mg/cat PO (NB a test dose prior to day of presentation is advised)
2. Presentation – Ideally 2 – 3 hrs after gabapentin
3. If possible, apply EMLA cream to a clipped area to facilitate IV catheter placement 30 – 60 min prior to venipuncture
4. Sedation options
 - a) Zoletil® 3 – 5 mg/kg +/- opioid* IM
 - b) Alfaxan® 2 – 5 mg/kg +/- opioid* SC**/IM
 - c) Medetomidine 2 – 5 – 10 µg/kg +/- opioid* (care vomiting) SC**/IM
 - d) Medetomidine 2 – 5 – 10 µg/kg + ketamine (2 – 5mg/kg) +/- opioid* IM (care vomiting)
 - e) Dexmedetomidine 2 – 10 µg/kg +/- ketamine (2 – 5mg/kg) +/- opioid* SC**/IM
5. Consider behavioural consultation and discussion on strategies to reduce hospital-based anxiety and aggression in future



1. Prior to presentation for procedure consider at home medication
E.g. Trazodone 5 – 10 mg/kg PO (NB a test dose prior to day of presentation is advised)
2. Presentation – Ideally 2 – 3 hrs after trazodone
3. If possible, apply EMLA cream to a clipped area to facilitate IV catheter placement 30 – 60 min prior to venipuncture
4. Sedation options
 - a) Medetomidine 5 – 10 – 20 µg/kg +/- opioid* SC**/IM
 - b) Dexmedetomidine 2 – 5 – 10 µg/kg +/- opioid* SC**/IM
5. Consider behavioural consultation and discussion on strategies to reduce hospital-based anxiety and aggression in future

*Opioid choice is dependent on procedure and level of pain anticipated
Butorphanol: Better sedation, less analgesia, shorter length of action (~40 – 60 minutes)
Methadone: Better analgesia, moderate sedation, variable length of action (~3 – 4 hours)

**SC administration may result in a more variable sedation result, but may be considered if required