

Various drugs commonly used in anaesthesia and critical care are under supply pressure due to the increased demand driven by the COVID-19 pandemic. The Association of Anaesthetists and the Royal College of Anaesthetists have produced guidance which summarises potential mitigations to be used in the management of such demand. This resource aims to provide a brief overview of drugs that you may not use in your regular practice. Further advice on drug shortages can be found here. *Hyperlinks for each drug with further information available on the PDF version of this document.*

THINK: does the patient need a GA or is there a regional / local anaesthesia option?

THIOPENTAL

- Dose: 3-5mg/kg adult
- Vasodilatation and hypotension
- !!! Distal limb ischaemia with intra-arterial injection !!!
- Poorly obtunds laryngeal reflexes
- Contraindicated in porphyria



ISOFLURANE

- 1 MAC = 1.2% in adults
- Potentiates action of non-depolarising neuromuscular blocking drugs
- Avoid for inhalational induction



ETOMIDATE

- Dose: 0.2-0.3mg/kg
- Relative cardiovascular stability
- Suppresses adrenocortical function
- Involuntary movements
- Pain on injection



HYPERBARIC 2% PRILOCAINE

- Saddle block: 10-20 mg (0.5-1 mls)
- T10 block: 40-60 mg (2-3mls)
- No need for additional opioids
- Reduced risk of urinary retention and ongoing motor block
- Surgery for up approximately 60 minutes
- Relatively contraindicated in sickle cell disease due to methaemoglobinaemia risk



VECURONIUM

- Dose: 0.08-0.1 mg/kg IV
- Onset: 3-5 min
- Duration: 20-35 min
- Powder does not need to be refrigerated
- Can be reversed with sugammadex



SUXAMETHONIUM

- Dose: 1-1.5 mg/kg
- Onset: 30 s
- Duration: 3-5 minutes
- Suggested first line for RSI if no contraindications
- Causes transient hyperkalaemia



PANCURONIUM

- Dose: 0.05-0.1 mg/kg
- Onset: 90-150 s
- Duration: 65-100 minutes
- Causes increased heart rate, blood pressure and cardiac output



CLONIDINE

- Dose: up to 150 mcg, titrated to effect
- IV / PO
- Hypotension & reflex tachycardia
- Can cause drowsiness



Consider alternatives to PCA

OXYCODONE

- IV/PO/SC
- 1-10 mg IV titrated to effect
- 2 mg PO equivalent to 1mg IV
- Caution in hepatic failure



TRAMADOL

- PO/IM /IV
- Dose: 50-100 mg 4-6 hourly
- Effective for postoperative shivering



PETHIDINE

- 50-150 mg PO QDS
- 25-100 mg IV
- Avoid in patients on MAOIs



DICLOFENAC

- Dose: 75-150 mg PO/IM/PR in divided doses
- 25-75 mg IV
- Risk of renal impairment if co-administered with ACEi
- Avoid in NSAID-sensitive asthmatics



KETOROLAC

- IV/IM
- Dose: 10 mg loading
- 10-30 mg every 4-6 hours PRN
- Maximum dosage 90 mg/day
- Maximum duration: 2 days
- Caution as per NSAID use



PARECOXIB

- IV/IM
- Dose: 40 mg loading
- 20-40 mg every 6-12 hours PRN
- Maximum 80 mg per day
- Maximum duration: 3 days



PHENYLEPHRINE

- Dose: 50-100 mcg boluses IV
- 10 mg vial diluted in 100 or 500 ml of normal saline
- Can be used as peripheral infusion (use local protocol)



IF NO VOLUMETRIC PUMP

- Drips/min = [Volume (ml) x Drip factor] / Time (min)
- Drip factor is provided on individual giving sets
- Example: 500 ml normal saline over 4 hours via a standard giving set
- [500 x 20] / 240 = 42 drips/min

