

# FELINE VETERINARIAN BOOTCAMP FOR NEW GRADUATES

## Sedation Protocols for Various Procedures

**ADVOCATE** for your patient, **EDUCATE** your caregivers!

Things to consider prior:

- Dose on **LEAN** body weight.
- Consider fear-anxiety (FAS) score, may require higher end of dosing range.
- Was the cat given pre visit pharmaceuticals (PVPs)?
- Medical history: Are there comorbidities?
- There are no safe drugs. However, the safest drug is the one you can reverse.
- Use medications you and your staff are familiar with.
- Can you auscult the heart and lungs prior?
- **Always** provide oxygen support
- Place catheter once sedated if you are concerned about needing IV access.
- Always be prepared to intubate in emergency; have everything ready (Murphy's Law).

### Young Healthy Cat in Appointment:

- Butorphanol 10mg/ml -0.03 mg/kg IM
- Dexmedetomidine 0.5 mg/ml- 0.01 mg/kg (10 mcg/kg)
- Healthy weight 10 lb cat: Butorphanol – 0.1 ml IM combined with 0.1 ml Dexmedetomidine
- Consider Maropitant 1 mg/kg IV (SQ route burns for a while)
- *If extra distressed/you need to perform something more invasive (such as wound care, etc.), add Ketamine at 2 mg/kg (10 lb cat = 0.1mL ketamine)*

### Senior Apparently Healthy Cat:

- Without heart murmur or known cardiac disease
- Butorphanol 10mg/ml -0.03 mg/kg IM
- Dexmedetomidine 0.5 mg/ml- 0.01 mg/kg
- Consider Maropitant 1 mg/kg IV (SQ route burns for a while)

### The Clinically Ill Cat:

- With cardiac murmur or cardiac disease
- Sick, senior cat for procedure (e.g., ultrasound, echocardiogram)
- Requires grooming
- Butorphanol- 0.25-0.3 mg/kg (*can potentially go up to 0.4 mg/kg*)
- Midazolam 0.25 mg/kg
- Alfaxalone 1.5-2 mg/kg (older than 15, I stay closer to 1-1.5 mg/kg; younger: 1.5-2 mg/kg)

- All IM in one syringe is fine
- Have the reversal of Midazolam nearby: Flumazenil 0.1 mg/kg IV, may need to repeat half-life shorter than benzodiazepines
- When using alfaxalone, monitor for respiratory depression.

**Sick Senior Cat for Procedure (e.g., Ultrasound, Echocardiogram)**

- Doesn't require deeper sedation
- Butorphanol- 0.25-0.3 mg/kg
- Midazolam 0.25 mg/kg
- All IM in one syringe is fine
- Have the reversal of Midazolam near: Flumazenil 0.1 mg/kg IV, may need to repeat half-life shorter than benzodiazepines

**Considerations for Echocardiograms:**

- Don't use Dexmedetomidine; it alters echocardiographic parameters and measurements
- Alfaxalone will have slight but minimal effects on cardiac measurements
- Butorphanol and midazolam are good choices
- Gabapentin is okay for all cardiac things and does not affect blood pressure in clinic to a substantial degree

**\*\*Anything you can give IM, you can also give SQ...it will just take a bit longer to set in and go away (usually time to sedation for SQ injection of sedative is 15-20 minutes vs. 5-10 min IM)\*\***