SEDATIVES AND ANALGESICS FOR INTUBATION

INTRODUCTION
Sedatives and Analgesics function to sedate the patient, induce amnesia, and provide a general anesthetic during the procedure. Different combinations of drugs can be used for particular clinical settings and patients.

THIOPENTAL
• Quick acting barbiturate whose primary effect is to put patients to sleep, no amnesia or analgesic effects
• Onset time: 60-90 seconds
• Duration: 5-10 minutes
• Dose: 2-4 mg/kg/dose IV (may need to adjust based on patient condition)
• Useful for controlling increased intracranial pressure (ICP).
• Poor choice for patients with hemodynamic instability.

KETAMINE
• Amnestic, sedative/dissociative, analgesic, bronchodilator properties
• Can cause dysphoric reactions
• Dose: 1-3 mg/kg/ dose IV; 3-4 mg/kg/dose IM
• Maintains hemodynamic stability because of outpouring of endogenous catecholamine
• Useful for patients with reactive airway disease (asthma) because of bronchodilator properties
• Not effective for controlling ICP, and should consider avoiding use in cases with elevated ICP
• Acts as a sialogogue, thus potentially increasing secretions - may be blocked by first administering glycopyrrolate

FENTANYL
• Analgesic properties
• Dose: 2-4 µg/kg/dose IV

MIDAZOLAM
• Anxiolytic and sedative properties
• Dose: 0.05-0.1 mg/kg/dose IV

PROPOFOL
• Sedative with anti-emetic properties
• Onset time: 60 seconds
• Duration: 5-10 minutes
• Dose: 1-3 mg/kg/dose IV
• Useful for patients with increased intracranial pressure
• Poor choice for patients with hemodynamic instability
• Similar to thiopental but does not make patient as sleepy (important when evaluating mental status)

ETOMIDATE
• Steroid-based compound with sedative properties.
• Can cause clonic movements of extremities
• Can cause possible adrenocortical suppression, especially with multiple uses.
• Dose: 0.2-0.3 mg/kg/dose IV
• A very hemodynamically protective drug.

LIDOCAINE
• Helps prevent spikes in intracranial pressure, suppresses airway reactivity
• Dose: 1-3mg/kg/dose IV
• Good for controlling ICP and for patients with reactive airway disease (asthma)