



Round : Anesthesia - Lecture 2

Group no : B 3

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Types of anesthesia :

✨ Most commonly used IV drug propofol

✨ Sevoflurane most commonly used inhaled agents (Bronchodilation effect)

✨ TIVA = propofol + remifentanyl

✨ Stages of anesthesia :

stage 1: sedation // stage 2: excitable stage // stage 3: surgical anesthesia stage 4: medullary depression // stage 5: heart block

✨ Induction: how fast anesthetic drug reach the brain

✨ ■ Hypovolemic shock / stitching after delivery (thiopental)

✨ ■ We can use thiopental (It is the only ultra-short-acting drug that is used for induction.) IV induction in cardiac surgeries

✨ ■ Ketamine for hypotension patient (cuz it elevate BP)

✨ ■ Ketamine good for asthmatic pt if not available then use propofol

✨ Sevoflurane ريحة مريحة

✨ ■ Malignant hyperthermia only IV drugs for induction and maintenance use dantrolene as management

✨ Inhalational maintenance (oxygen + Sevoflurane + NO)

✨ ■ Isoflurane best for neurosurgeries cuz it's the least likely to elevate ICP

✨ Ephedrine: increase BP عكس ال propofol

✨ Atropine increase HR

✨ adrenaline in case of asystole

✨ أكثر دواء بعمل حساسية هي المرخيات تحديدا Atracurium ✨ ■

و يعالج بالادرينالين

■ ✨ hydrocortisone و يعالج بال latex allergy ثاني سبب هو

Induction depends on how fast effective concentrations of the anesthetic drug reach the brain.-

recovery , depends on how fast the anesthetic drug diffuses from the brain

✨ The strongest stimulator of the respiratory system in the brain is CO₂

neostigmine + atropine are given together. Atropine mainly is administered to antagonize the cholinergic side effects of neostigmine

✨ Pre-oxygenation stage 1 and 2 (denitrogenation)

✦✦ Diffusion hypoxia O₂ and CO₂ dilution

✦✦ **Laryngeal spasm** stop stimulation and make 100% O₂ if **severe IV scoline**

✦✦ OVANE can be given through ETT

✦✦ ■ LMA doesn't give positive pressure in COPD patients unlike ETT

Does NOT protect against laryngospasm or gastric aspiration		• Auscultate to avoid endobronchial intubation	
Sizing (approx):	LMA	• Sizing (approx):	ETT
40-50 kg: 3		Male: 8.0-9.0 mm	
50-70 kg: 4		Female: 7.0-8.0 mm	
70-100 kg: 5		Pediatric: (age/4) + 4 mm	

Most important monitor is pulse oximetry

Carbon dioxide measurement is capnography (measurement of adequacy of ventilation)