Anesthetics

Across

5. ______________ had a more favorable duration of action than procaine, and less systemic toxicity than tetracaine.
10. A short-acting barbiturate commonly used for induction of anesthesia
12. During this stage, the patient often appears to be delirious and excited but definitely is amnesic.
15. Source of cocaine
17. ______________ sedation is similar to a light state of general (intravenous) anesthesia involving decreased consciousness from which the patient is not easily aroused.
19. ______________ occurs even at modest doses of anesthetic, and has been documented in as many as one third of patients receiving lidocaine, with increased risk associated with certain patient positions during surgery (eg, lithotomy), and with ambulatory anesthesia.
21. A benzodiazepine antagonist that is sometimes used to accelerate recovery from excessive sedative actions of intravenous benzodiazepines.
22. It was introduced into clinical use by Koller in 1884 as an ophthalmic anesthetic.
23. ______________ sedation refers to drug-induced alleviation of anxiety and pain in combination with an altered level of consciousness associated with the use of smaller doses of sedative medications.
24. ______________ anesthetics are widely used to facilitate rapid induction of anesthesia and have replaced inhalation as the preferred method of anesthesia induction in most settings except for pediatric anesthesia.
27. ______________ is a water-soluble prodrug of propofol, chemically described as 2,6-diisopropylphenoxymethyl phosphate disodium salt, that was licensed by the FDA as a sedating agent for use in adult patients during monitored anesthesia care.
28. It is a carboxylated imidazole that can be used for induction of anesthesia in patients with limited cardiovascular reserve.
29. ______________ depression is a deep stage of anesthesia which represents severe depression of the CNS, including the vasomotor center in the medulla and respiratory center in the brainstem.
30. The primary active metabolite of ketamine

Down

1. ______________ is unique among the amino-amide anesthetics in having a thiophene, rather than a benzene ring, as well as an additional ester group that is subject to metabolism by plasma esterases.
2. This drug has the highest clearance of the amino-amide anesthetics, imparting reduced risk of systemic toxicity.
3. The easiest anesthetic end point to measure which is mediated primarily by neural inhibition within the spinal cord.
4. Lidocaine and prilocaine can combine to form a eutectic mixture, which is marketed as ______________.
6. ______________ produce dose-dependent CNS depression ranging from sedation to general anesthesia when administered as bolus injections.
7. Is the standard of comparison for inhaled anesthetics.
8. ______________ are most commonly used for preoperative medication, intravenous sedation, and suppression of seizure activity.
9. ______________ is the active S-enantiomer of medetomidine, a highly selective α2 adrenergic agonist imidazole derivative that is used in veterinary medicine.
11. Is an autosomal dominant genetic disorder of skeletal muscle that occurs in susceptible individuals undergoing general anesthesia with inhaled agents and muscle relaxants.
13. This drug is an extremely popular intravenous anesthetic whose onset of action is similar to that of IV barbiturates.
14. This drug produces dissociative anesthesia, which is characterized by catatonia, amnesia, and analgesia, with or without actual loss of consciousness.
16. This involves placing a catheter in the subarachnoid space to permit repetitive dosing to facilitate adequate anesthesia and maintenance of block for extended periods.
18. Introduced along with bupivacaine but has limited application due to its poor block characteristics.
25. During this stage, the patient initially experiences analgesia without amnesia. Later in stage 1, both analgesia and amnesia are produced.
26. ______________ are analgesic agents and are distinct from general anesthetics and hypnotics.