Across
3. _______ affect neurons at various cellular locations, but the primary focus has been on the synapse.
4. It is often avoided for techniques that demand high volumes of concentrated anesthetic.
5. __________ is principally used for the short-term sedation of intubated and ventilated patients in ICU setting.
8. The characteristic state observed after an induction dose of ________ is known as "dissociative anesthesia".
12. ______ fibers fire at a slower rate and have a shorter action potential duration.
16. Is added to minimize the discomfort associated with injection of local anesthetic and the surgical manipulations.
18. It produces dose-dependent CNS depression ranging from sedation to general anesthesia when administered as bolus injection.
19. Etomidate, like most other IV anesthetics, is highly protein bound (70%), primarily to ______.
21. __________ is a water-soluble of prodrug Propofol, rapidly metabolized by alkaline phosphates, and producing propofol, phosphate, and formaldehyde.
22. The anesthetic state is achieved when the partial pressure of the anesthetic in the brain reaches a threshold concentration determined by its ______.
23. The easiest anesthetic end point to measure.
24. Its common use is to facilitate induction of general anesthesia by bolus injection of 1-2.5 mg/kg IV.
26. Is similar to a light state of general anesthesia characterized by decreased consciousness from which the patient is not easily aroused.
28. The elimination half-life for dexmedetomidine is ____.
30. Propofol is a potent respiratory depressant and generally produces _____ after an induction dose.

Down
1. The clearance for dexmedetomidine is ____.
2. __________ is effective for premedication, sedation during regional anesthesia, and brief therapeutic procedures.
6. __________ has a shorter elimination half-life than thiopental due to its larger plasma clearance.
7. Had an excellent record as an intermediate duration anesthetic, and remains the reference standard against which most anesthetics are compared.
9. __________ is an intravenous anesthetic with hypnotic but not analgesic effects and is often chosen for its minimal hemodynamic effects.
10. An acute toxicity which occurs when the metabolism of enflurane and sevoflurane may generate compounds that are potentially nephrotoxic.
11. ______ are analgesic agents and are distinct from general anesthetics and hypnotics.
13. Current clinical use of ______ is largely restricted to topical anesthesia for ear, nose, and throat procedures, where its intense vasoconstriction can serve to reduce bleeding.
14. ______ fibers have a high firing rate and relatively long action potential duration.
15. The most feared complications associated with local anesthetic administration result from the profound effects these agents can have on cardiac conduction and function.
17. _______ is a spinal anesthetic formulation containing procaine.
20. Ketamine’s MOA is ______.
25. Ketamine is considered to be a cerebral vasodilator that ______ cerebral blood flow.
27. _______ anesthetics is a volatile as well as gaseous, are taken up through gas exchange in the alveoli of the lung.