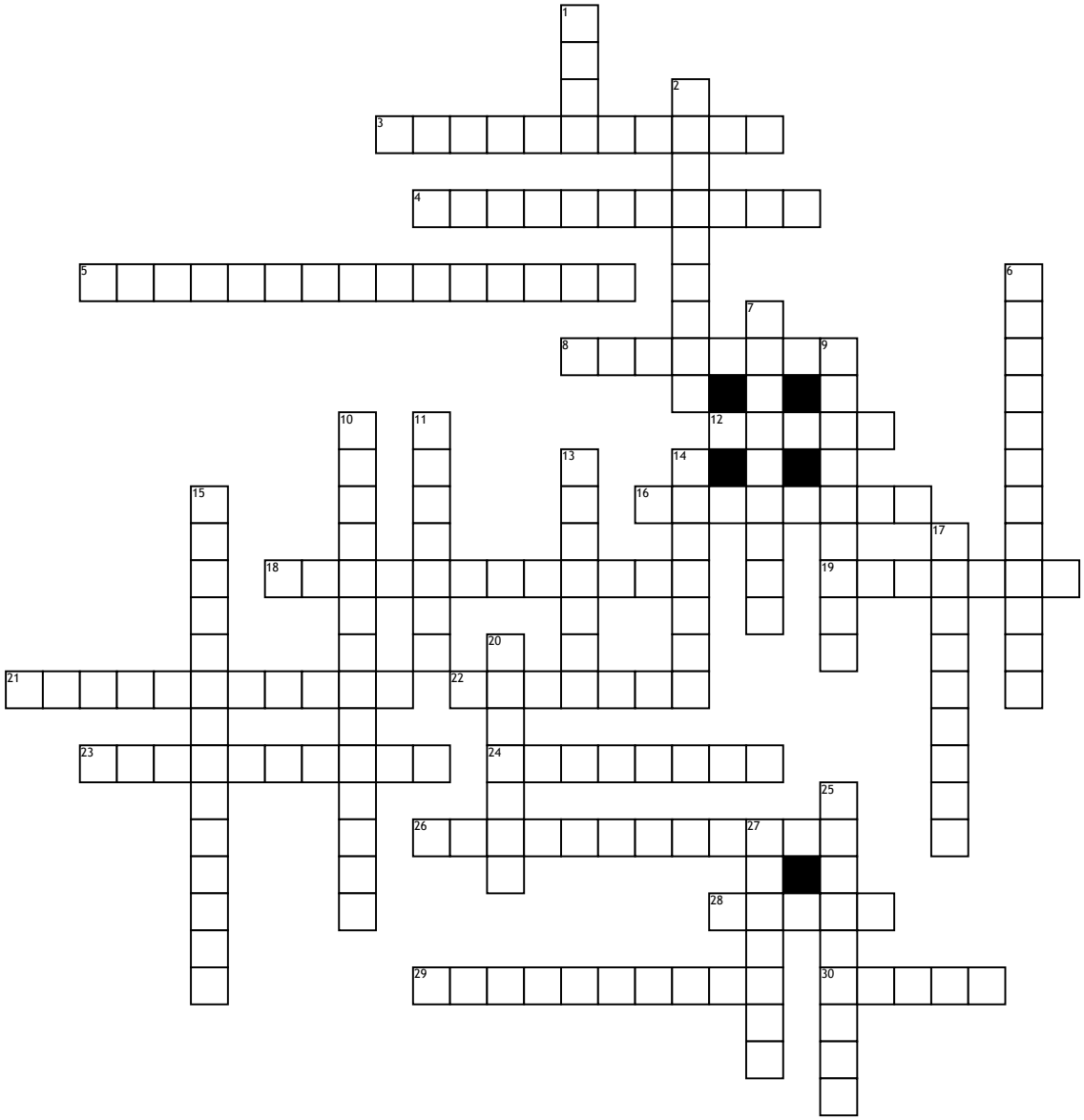
Name: _____ Date: _____ Period: _____

# General & Local Anesthetics



**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 anesthesia 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%0, 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 ____.

**29.** Benzodiazepines are unique among the group of intravenous anesthesia in that their action can readily be terminated by administration of their selective antagonist, _____.

**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 cantaining 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.