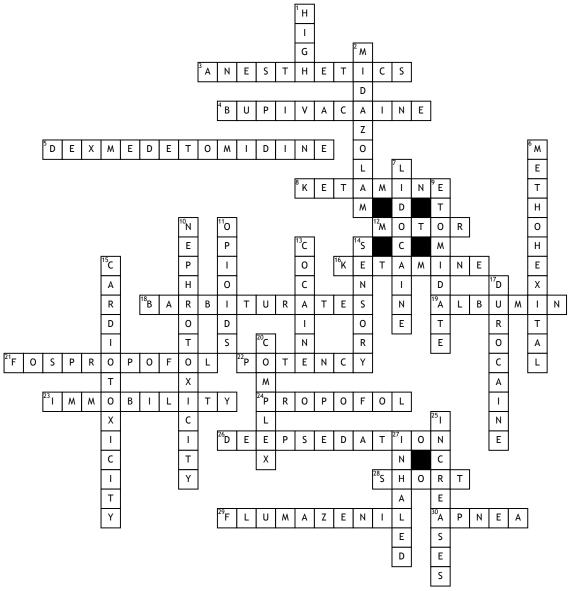
Name:	Date:	Period:	

General & Local Anesthetics



Across

- affect neurons at various cellular locations, but the primary focus has been on the synapse.
 It is often avoided for techniques that demand high volumes of concentrated anesthetic.
- is principally used for the short-term sedation of intubated and ventilated patients in ICU setting.
 The characteristic state observed after an induction dose of ______ is known as "dissociative anesthesia".
- 12. _____ 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
- 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
- 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 $\,\mathrm{mg/kg}$ 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,

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30. Propofol is a potent res	piratory depressant and
	ter an induction dose.
N	

- 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.
- 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.
- anesthetics is a volatile as well as gaseous, are taken up through gas exchange in the alveoli of the