

Note that all of these doses are approximations and must be titrated to the animal's age, sex and individual responses. Significant departures from these doses should be discussed with a veterinarian. Doses will also vary depending on what other drugs are being administered concurrently.

All doses are listed as milligrams per kilogram (mg/kg) unless otherwise noted.

This is a formulary of the most commonly used anesthetics and analgesics at UCSF; LARC veterinarians can assist with dosage recommendations when less commonly used drugs are required.

Drug name	Dose (mg/kg)	Frequency	Notes		
Inhalation anesthetics					
Recommended:	1-3% inhalant	Whenever	Survival		
Isoflurane	to effect (up to	general	surgery		
	5% for	anesthesia is	requires		
	induction).	required	concurrent		
			preemptive		
			analgesia.		
			Must use		
			precision		
			vaporizer		
Sevoflurane	2-5% inhalant	Whenever	Survival		
	to effect (up to	general	surgery		
	8% for	anesthesia is	requires		
	induction).	required	concurrent		
			preemptive		
			analgesia.		
			Must use		
			precision		
			vaporizer		
Anesthetic Combination	ons	Γ	•		
Recommended		Once to induce	When		
anesthesia protocol	Buprenorphine	general	combined with		
for most surgeries:	0.01-0.03 IM	anesthesia. For maintenance	buprenorphine		
Buprenorphine IM as	Ketamine 35-	follow with	K/X induction		
premed	50 + Xvlazine	Isoflurane to	will produce		
Followed at least 30	5-10 IM (in	effect	surgical-plane		
minutes later by	same svringe)		anesthesia for		
Ketamine-Xylazine IM			30-45 min.		

for induction Isoflurane for anesthesia maintenance	35 Kot + 5	Once to induce	If more anesthetic duration is required, add isoflurane to effect for maintenance.
Acepromazine Best used in conjunction with isoflurane	Xylazine +0.75 Acepromazine; (in same syringe)	general anesthesia. For maintenance follow with Isoflurane to effect	produce surgical-plane anesthesia for major procedures. Follow with isoflurane to maintain anesthesia
Ketamine-Diazepam Best used in conjunction with isoflurane	10K + 0.5 D IV (in same syringe)	Once to induce general anesthesia. For maintenance follow with Isoflurane to effect	Follow with isoflurane to maintain anesthesia
Onicid encloseic			
Opioid analgesia	0.01-0.05 IM	For promodicant	Po-doso in 1
Buprenorphine	Most typically 0.03 IM is used for premed with Ket/xyl induction	sedation and analgesia and for pain management after surgeries.	8 hours as needed.
Sustained-Release Buprenorphine	0.1-0.5 mg/kg SC only	Used once at time of surgery for very invasive surgeries (thoracotomy; orthopedics) that will otherwise require multiple follow up doses of opiate.	Availability is limited by requirement for special veterinary prescription.

Recommended: Meloxicam	Loading dose of 1.0 mg/kg PO/SC, then follow up with 0.5 PO	Used pre- operatively for preemptive analgesia, and then every 24 hour as needed	Depending on the procedure, may be used as sole analgesic, or as multi-modal analgesia with buprenorphine.
Recommended: Flunixin Meglumine	1-2 SC or IM	Used pre- operatively for preemptive analgesia, then every 12 hour as needed	Depending on the procedure, may be used as sole analgesic, or as multi-modal analgesia with buprenorphine +/- local.
Other NSAIDs: Carprofen	2 – 4 SC Recc: dilute with 1x volume of sterile saline for SC injection	Used pre- operatively for preemptive analgesia and post-operatively every 24 hour	Depending on the procedure, may be used as sole analgesic, or as multi-modal analgesia with buprenorphine +/- local.
Local anesthetic/analo	pesics	1	1
Recommended: Bupivacaine	Dilute to 0.25%, do not exceed 8 mg/kg total dose, ID or intra-incisional	Use intradermally before making surgical incision (recommended), or can be used as as "splash block" just prior to skin closure	Slower onset than lidocaine but longer (~ 4- 8 hour) duration of action
Lidocaine hydrochloride	Dilute to 0.5%, do not exceed 7 mg/kg total dose, ID or intra-incisional	Use locally before making surgical incision	Faster onset than bupivicaine but short (<1 hour) duration of action