Pre-Anaesthetic Medication
PRE-ANAESTHETIC MEDICATION

It is the term applied to the administration of certain drugs prior to general anaesthetic agent so as to make anaesthesia safer for the patient.
Objectives of Pre – Anaesthetic Medication

a. Sedation/Relief of anxiety.

b. Relief of Pre-operative & Post-operative pain.

c. Inhibition of Parasympathetic NS:
   (1) To decrease salivary & bronchial secretions and hence prevent reflex laryngospasm.
   (2) To prevent cardiac arrest due to vagal sti.
d. Anti emetic

e. To decrease gastric acid secretion.

f. For Synergic effect with General Anaesthetics & hence to decrease their adverse effects.

g) drugs for patients having some specific illness e.g. pheochromocytoma, thyrotoxicosis, arrhythmias etc.
SEDATIVES/ANXIOLYTICS

- Benzodiazepine
diazepam
lorazepam
midazolam

- Butyrophenones
droperidol

- Phenothiazines
promethazine
BARBITURATES

OPIOID ANALGESIC
- morphine
- pethidine

ANTICHOLINERGIC DRUGS
- Aropine
- hyoscine
- glycopyrrolate

ANTIEMETIC
- Metoclopramide
- promethazine
- cyclizine
Anticholinergic Drugs

- They decrease secretions of air passages
- So prevent choking
- Prevent laryngospasm
- Prevent cardiac arrest due to excessive vagal stimulation as seen with Halothane

1) Atropine Sulphate
2) Scopolamine (also causes amnesea)
3) Glycopyrrolate
Drugs for prophylaxis of gastric acid aspiration

- **TO DECREASE ACID PRODUCTION**

- Antacid.

- $H_2$ Receptor Antagonist: Ranitidine.

- Proton pump inhibitors: Omeprazole.
• TO PREVENT REFLUX OF STOMACH CONTENTS
(prokinetic agent).
Metoclopramide
Domepridone