use a combination of analgesics for synergistic effects.
therapeutic index = local where drug works
- different for different people
- varies throughout the day (e.g. morning may = pain)

IV is main mode in hosp.

polypharmacy = taking interactions + allergies

relaxation may mean requirement of artificial ventilation + arrhythmia control.

rupture not of unconsciousness.

RAPID recovery due to disappearing
of drug from circulation.

IV induction + inhalation maintenance =
most common in surgery.

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= venous return = CO output

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Muscle relaxants require sedation.

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warming to optimise delivery.

different penetrations to different nerves types
ie sympathetic, thick fibres relatively spared
motor fibres. Pain fibres thin = blocked easily.

If acute limited stress DO NOT give
spinal + epidural anaesthetics.

SPINAL

injection subarachnoid
block to T4 of 3-4ml LA
rapid onset = 5mins
complete block at that level
duration = 2-3hrs + cannot extend block.

hypotension 30-40%

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Toxicity is a limiting factor:
- dyspnoea + symptoms of LA toxicity =
  * dyspnoea + tachycardia
  * arrhythmia
  * haemodynamic changes
  * visual disturbance
  * muscular twitching

Epidural

injection extradural
block to T4 20ml LA
dur = 30-4hrs
motor + some sensory sparing
duration = 3-4hrs + extendable.

hypotension 10-20%