

## CAT FORMULARY

Note that all of these doses are approximations and must be titrated to the animal's strain, 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.

DRUG NAME	DOSE (mg/kg) & ROUTE	FREQUENCY	NOTES
<b>Inhalation anesthetics</b>			
<b>Recommended:</b> Isoflurane or Halothane or Sevoflurane	1-3% inhalant to effect (up to 5% for induction). Up to 8% for sevoflurane	Whenever general anesthesia is required	Concurrent preemptive analgesia is recommended for survival surgery Must use precision vaporizer.
<b>Ketamine combinations</b>			
<b>Recommended:</b> Ketamine- Midazolam	5-10 + 0.1-0.2 IM or SC (in same syringe)	As needed	May not produce surgical-plane anesthesia for major procedures, but may be useful for restraint. Note that IM Ketamine combinations often sting upon injection.
<b>Recommended:</b> Ketamine- Diazepam	6 - 11 + 0.05 – 0.2 IV (in same syringe)	As needed	May not produce surgical-plane anesthesia for major procedures.
Ketamine- Medetomidine	5 - 10 + 0.6 – 1.0 IM or SC (in same syringe)	As needed	May not produce surgical-plane anesthesia for major procedures. If redosing, use ketamine alone. May be partially reversed with Atipamezole. Note that IM Ketamine combinations often sting upon injection.
Ketamine alone	10 - 22 IM or SC	As needed	Deep sedation, but not surgical anesthesia. Not often used alone.
<b>Reversal agents</b>			
Atipamezole	~ 1.0 subcutaneous or IM	Any time medetomidine or xylazine has been used	More specific for medetomidine than for xylazine (as a general rule, Atipamezole is dosed at the same <i>volume</i> as Medetomidine, though they are manufactured at different concentrations).
<b>Other injectable anesthetics and tranquilizers</b>			
Sodium pentobarbital (Nembutal)	20 - 60 IV single or intermittent bolus, or 2-20 mg/kg/hr IV continuous infusion	Recommended for terminal/acute procedures only, with booster doses as needed. Occasionally used on survival basis when cortical evoked responses are being measured.	Consider supplemental analgesia (opioid or NSAID) for invasive procedures.
Sodium thiopental (Pentothal)	13 – 26 IV	As induction agent, prior to general anesthesia with pentobarbital or inhalant	Consider supplemental analgesia (opioid or NSAID) for invasive procedures
Propofol	16 - 22 IV	As induction agent, prior to general anesthesia with	Respiratory depression upon induction is possible.

		pentobarbital or inhalant	
Acepromazine	0.08 – 0.2 IM or SC	May be used whenever ketamine combinations are used	Usually only used in conjunction with anesthetics such as ketamine. Acepromazine confers no analgesia.
<b>Opioid analgesia</b>			
<b>Recommended:</b> Buprenorphine	0.005 - 0.1 SC	Used pre-operatively for preemptive analgesia and post-operatively every 6-12 hour	For major procedures, this may require more frequent dosing than 12 hour intervals. Consider multi-modal analgesia with a NSAID
<b>Recommended:</b> Butorphanol	0.1 – 0.5 SC	Used pre-operatively for preemptive analgesia and post-operatively every 4-6 hour	Consider multi-modal analgesia with a NSAID
<b>Non-steroidal anti-inflammatory analgesia (NSAID) -- Note that prolonged use may cause renal, gastrointestinal, or other problems</b>			
<b>Recommended:</b> Carprofen	4-5 SC	Used pre-operatively for preemptive analgesia and post-operatively every 24 hour for up to 4 days.	Depending on the procedure, may be used as sole analgesic, or as multi-modal analgesia with buprenorphine.
Ketoprofen	~ 1.0 – 2.0 SC, PO 2 mg/Kg given once As loading dose then 1 mg/Kg SC, PO	Used pre-operatively for preemptive analgesia and post-operatively every 24 hour for up to 4 days	Depending on the procedure, may be used as sole analgesic, or as multi-modal analgesia with buprenorphine.
Flunixin	0.25 mg/kg SC	Every 12-24 hours	Consult with vet services regarding repeated administration. Can give 1 mg/kg PO as a single dose
Local anesthetic/analgesics (lidocaine and bupivacaine may be combined in one syringe for rapid onset and long duration analgesia)			
Lidocaine hydrochloride	May dilute to 0.5 - 1% (=10mg/ml). May be mixed in same syringe with bupivacaine. SC or intra-incisional	Use locally before making surgical incision	Faster onset than bupivacaine but short (<1 hour) duration of action
Bupivacaine	May dilute to 0.25 – 0.5%, May be mixed in same syringe with lidocaine. SC or intra-incisional	Use locally before making surgical incision	Slower onset than lidocaine but longer (~ 4-8 hour) duration of action