

OBA PBLD
SAMBA Annual Meeting May 2023
Friday, May 19th 2:45pm

Dexmedetomidine outside the OR: route, timing, and patient selection?
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Problem statement: Special needs adult patients can be challenging, especially those with violent tendencies. Compound that with medication shortages or unavailability. There are few options for safely and effectively performing office anesthesia with limited resources.

Case of a young adult male with severe autism, nonverbal, and violent tendencies. Previous anesthesia successful with IM ketamine premedication. Ketamine unavailable.

Learning Objectives:

- Describe different anesthetic options for special needs adults with violent tendencies.
- Describe challenges with dexmedetomidine in the office setting with regards to administration, dosing, and discharge readiness.
- Describe the limitations in some offices with drug shortages and DEA restrictions for OBA practitioners.

Key Questions:

1. What are options for special needs adults with violent tendencies?
2. How long does IM dexmedetomidine take to induce cooperation? Intranasal?
3. What dose optimizes timing of sedation without causing prolonged sleepiness and delayed discharge?
4. What about offices who don't have DEA and/or don't want any controlled substances in their office?
5. If anesthesia provider was able to carry controlled medication, how would that change this case? What medications would you have? How would that have changed this case?
6. When are other times dexmedetomidine can be a part of your anesthetic plan in the office setting?
7. One article cited used 3 and 4 mcg/kg intranasal for laceration repair with good results...have any of you used doses that high? Any delayed recovery?

References:

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Scheinin, H., Jaakola, M., Sjövall, S., Ali-Melkkilä, T., Kaukinen, S., Turunen, J. Kanto, J. Intramuscular Demedetomidine as Premedication for general anesthesia. Anesthesiology 78:1065-1075, 1993.

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