**INTRAMUSCULAR ALFAXALONE IN DOGS**

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| Alfaxalone 2mg/kg + Butorphanol 0.4mg/kg + Dexmedetomidine 0.005mg/kg | ≥10 mins | Duration up to 180 mins (if dexmedetomidine not antagonised before 180 minutes) | • Moderate to deep sedation  
• Loss of gag reflex & jaw tone  
• PaO₂ & PaCO₂ within normal range  
• Dexmedetomidine induced reduction in CO & SVR  
• Smooth recovery | Murdock et al., 2020 |
| Alfaxalone 2mg/kg + Butorphanol 0.4mg/kg + Acepromazine 0.02mg/kg | ≥10 mins | Duration up to 170 mins | • Moderate to deep sedation  
• Loss of gag reflex  
• PaO₂ & PaCO₂ within normal range  
• Smooth recovery | Murdock et al., 2020 |
| Alfaxalone 1mg/kg + Methadone 0.5mg/kg | Onset <10 mins | Duration of at least 25 mins | • Moderate to deep sedation  
• No clinically significant changes to HR, RR or SAP in healthy dogs | Micieli et al., 2019 |

## IM ALFAXALONE FOLLOWED BY INDUCTION OF GENERAL ANAESTHESIA

If general anaesthesia is required, and the dog has not achieved stage III anaesthesia following the initial IM alfaxalone protocols described above, a further intravenous dose of alfaxalone may be administered **slowly and to effect**

The dose of alfaxalone required to induce anaesthesia will be dependent on the existing degree of sedation

- Prepare 1-1.5mg/kg alfaxalone
- Administer 0.5mg/kg of this dose intravenously
- Flush the cannula with saline to ensure the 0.5mg/kg dose has been fully administered
- Wait approximately 20 seconds
- Assess depth of anaesthesia
- Should the dog require additional alfaxalone the 0.5mg/kg incremental process may be repeated until intubation is possible, or the full 1-1.5mg/kg dose has been administered

*N.B. This dose of alfaxalone (1-1.5mg/kg) is less than described in the SPC for IV induction of anaesthesia in the dog. This is due to the dose-sparing effects of IM alfaxalone and concomitant sedative agents on the subsequent IV induction dose of alfaxalone (Lagos-Carvajal et al., 2020)*

## IM ALFAXALONE FOLLOWING "INEFFECTIVE" PREMEDICATION OR SEDATION

For dogs that have not achieved the desired level of sedation following the administration of premedicant or sedative drugs, IM alfaxalone may be an option to increase the level of sedation and permit IV access

- Alfaxalone 0.5mg/kg IM
- Assess quality of sedation after 10-15 minutes
- Repeat alfaxalone 0.5mg/kg IM if necessary

## HEAVY SEDATION / GENERAL ANAESTHESIA

The following information is based on recent literature and is not intended as an endorsement of specific protocols

The reader is advised to consult the full results described in each publication prior to selecting a combination

| Butorphanol 0.3mg/kg + Medetomidine 0.005mg/kg 15 minutes later Alfaxalone 1-2.5mg/kg | 5 mins (range 1-11) | To intubation 7.5-8 mins (range 4-13) after alfaxalone administration  
Duration of lateral recency 89-105 mins (range 61-130) | • Spontaneous respiration maintained  
• ETCO₂ maintained within normal limits  
• No hypotension  
• Medetomidine induced bradycardia  
• Smooth recovery | Kato et al., 2021 |
| Alfaxalone 1.5mg/kg + Butorphanol 0.1mg/kg + Medetomidine 0.01mg/kg | No data | To lateral recency 5.3 +/- 1.8 mins  
Duration of anaesthesia 89 +/- 17 mins | • Deep sedation/reasonable quality general anaesthesia  
• No apnoea  
• ETCO₂ maintained within normal limits  
• No hypotension  
• Medetomidine induced bradycardia  
• Good recovery | Lee et al., 2016 |
| Alfaxalone 2.5mg/kg + Butorphanol 0.25mg/kg + Medetomidine 0.0025mg/kg | 10-30 mins | To lateral recency 7 +/- 4.4 mins  
To intubation 16 +/- 6 mins  
Duration of intubation 60 +/- 24 mins  
Duration of lateral recency 100 +/- 48 mins | • PaCO₂ maintained within normal limits  
• No clinically significant hypotension  
• Medetomidine induced bradycardia (<60 bpm)  
• Smooth recovery | Tamura et al., 2016 |

*For painful procedures replace butorphanol with buprenorphine or methadone*