

## DESFLURANE PRESCRIBING INFORMATION

**Name and composition:** Desflurane 100% v/v Inhalation vapour, liquid. **Indications:** Inhalation agent for induction and/or maintenance of anaesthesia in adults, maintenance of anaesthesia in paediatrics. **Dosage and Route:** See SPC for full details. Administration by inhalation using vapouriser specifically designed for use with desflurane and dose individualised based on patient's response. MAC decreases with increasing age. Opioids or benzodiazepines decrease the amount of desflurane to produce anaesthesia. Desflurane decreases the required dose of neuromuscular blocking agents. **Induction:** Inspired concentrations of 4-11% usually produces surgical anaesthesia in 2-4 minutes. Not for induction in children or paediatrics. **Maintenance:** In adults, 2-6% with concomitant nitrous oxide or 2.5-8.5% in oxygen or enriched air. In infants and children, 5.2-10% with or without nitrous oxide. Not for use in non-intubated children under 6 years old. Monitor blood pressure and heart rate during maintenance. Concentrations of 1-4% have been used successfully in chronic renal/hepatic impairment and renal transplant. **Side effects:** See SmPC for detail. May cause dose-dependent cardio-respiratory depression. Nausea and vomiting has been reported postoperatively – may be due to a range of factors and common following surgery under general anaesthesia. Common ( $\geq 1/100$  -  $< 1/10$ ) Pharyngitis, breath holding, headache, conjunctivitis, nodal arrhythmia, bradycardia, tachycardia, hypertension, apnea, cough, laryngospasm, salivary hypersecretion, increased creatinine phosphokinase, ECG abnormal. **Precautions:** Only to be administered by people trained in administration of general anaesthesia with appropriate emergency measures available. Monitor blood pressure and heart rate as part of evaluation of the depth of anaesthesia. Caution in children with asthma or recent upper airway infection. Caution in use with LMA or face mask in children under 6 years. May trigger malignant hyperthermia. Inhaled anaesthetics have been associated with increases in serum potassium, cardiac arrhythmias, and death in children during the postoperative period. This has been reported in patients with latent or overt neuromuscular disease. Use of suxamethonium has been associated with most cases. Reports of QT prolongation, very rarely associated with torsade de points (in exceptional cases, fatal). Prompt and vigorous treatment for hyperkalaemia and arrhythmias recommended. Disruption of hepatic function, icterus and fatal liver necrosis have been reported with halogenated anaesthetics. May increase CSF pressure but attention to maintain CPP. Maintenance of normal hemodynamics is important in patients with coronary artery disease. Rapid increase in end-tidal concentration may increase heart rate and blood pressure. Hypotension and respiratory depression increases as anaesthesia deepens. Use in hypovolaemia, hypotension and debilitated patients has not been investigated, a lower concentration is recommended. Carbon dioxide absorbers should not dry out. Appropriate analgesia should be administered at the end of surgery or early in PACU. Caution with repeated anaesthesia in a short period of time. Desflurane has been associated with some glucose elevation intra-operatively. Safety of desflurane has not been established in obstetric procedures. **Contra-indications:** Not to be used if general anaesthesia is contra-indicated, known hypersensitivity to halogenated agents, known susceptibility to malignant hyperthermia or with history of hepatitis due to halogenated inhalational agents. Not for use as an induction agent in paediatrics. Not for induction in patients at risk of coronary artery disease or where increases in heart rate or blood pressure are undesirable. Desflurane is not indicated for use during pregnancy and lactation. **Interactions:** MAC reduced by concomitant N<sub>2</sub>O administration. Concomitant administration of opioids or benzodiazepines show a marked reduction in MAC. Neuromuscular blocks are potentiated by desflurane. **Overdose:** Discontinue desflurane, establish clear airway and initiate

assisted/controlled ventilation with pure oxygen. Support and maintain adequate haemodynamics.

**Legal category:** POM **Basic NHS price:** £80.00 per 240ml bottle(FDG9632ALUN) **Market**

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