



Starting the Sedaconda[®] ACD therapy

RECOMMENDED DOSING

Recommended initial pump rate

Isoflurane: 3 ml/h*
Sevoflurane: 5 ml/h*

Clinical evaluation and haemodynamics will guide pump rates

Titrate pump rate in steps of 0.5–1.0 ml/h*

Typical pump rates for target clinical effect

Isoflurane: 2–7 ml/h (up to 15 ml/h may be needed)
Sevoflurane: 4–10 ml/h (up to 20 ml/h may be needed)
Bolus of 0.3–0.5 ml can be given if haemodynamics are stable

Typical end-tidal values during treatment

Isoflurane F_{ET} : 0.2–0.7 %
Sevoflurane F_{ET} : 0.5–1.4 %

NOTE

Dosing should primarily be based on clinical evaluation e.g. RASS score

* See IFU for Sedaconda ACD

For questions, please contact Sedana Medical at medinfo@sedanamedical.com or visit www.sedanamedical.com
For product feedback and complaints, please contact: safetyandcomplaints@sedanamedical.com
Before use, please refer to the Instructions for Use (IFU) for each product.

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Overview of start up and treatment phase

START UP PHASE

Determine RASS target according to patient needs

A. Set up the gas scavenging system

B. Fill the Sedaconda Syringe

C. Connect the Sedaconda ACD

D. Start the therapy

- Prime the anaesthetic agent line with 1.2 ml*
- Set the initial pump rate in ml/h
- If necessary, give a bolus of 0.3 ml*

Recommended initial pump rate**

Isoflurane: 3 ml/h
Sevoflurane: 5 ml/h

TREATMENT PHASE

Clinical evaluation and haemodynamics will guide pump rates

Check RASS score, vital signs and F_{ET} %

Evaluation

Has the RASS target been achieved?

NO

YES

Adjust syringe pump rate

Titrate pump rate in steps of 0.5–1.0 ml/h

Typical end-tidal values during treatment**

Isoflurane F_{ET} : 0.2–0.7 %
Sevoflurane F_{ET} : 0.5–1.4 %

Precautions

Risks and potential side effects of volatile anaesthetic

Please read the Summary of Product Characteristics for the drug used for full information

CHANGES IN BLOOD PRESSURE

- Volatile anaesthetics are vasodilatory
- Dosing should always be done taking the pharmacodynamics of concomitant drugs into account
- At start of treatment, the combined haemodynamic effects of residual intravenous anaesthetics and isoflurane/sevoflurane may lead to hypotension

MALIGNANT HYPERTHERMIA

- A rare but serious complication that may occur in the context of the administration of volatile anaesthetics is the induction of malignant hyperthermia
- Volatile anaesthetics are contraindicated in patients with known or suspected susceptibility to malignant hyperthermia
- Malignant hyperthermia typically presents as a combination of any of the following:
 - Acute and substantial increase in end-tidal carbon dioxide (or pCO_2)
 - Tachycardia
 - Muscle rigidity
 - Lactic acidosis
 - Hyperkalemia
 - Hyperthermia (>40 °C) – late sign
- If malignant hyperthermia is suspected, volatile anaesthetic delivery must be stopped immediately. Appropriate supportive therapeutic measures are crucial. Administration of the antidote dantrolene should be considered.

HIGH INTRACRANIAL PRESSURE (ICP)

Volatile anaesthetics have cerebral vasodilatory effects and should be administered with great caution in patients with increased intracranial pressure

* Never prime or give bolus manually and use the bolus function with caution

**Pay attention to patient haemodynamics and avoid overdosing