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This Standard INTRODUCTION

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- 3.1. Perform a thorough physical exam and obtain an accurate body weight.
  - 3.2. Withhold food (not water) for 12 hours prior to anesthesia in order to reduce the risk of aspiration of stomach contents. Juveniles or small species such as marmosets should only be fasted 4 to 6 hours to help avoid hypoglycemia.
  - 3.3. Keep animals warm by providing a heat source until the animal has recovered from anesthesia. Care should be taken to not overheat or burn the animals.
  - 3.4. Never leave an anesthetized animal unattended.

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- 4.1. Material or equipment to provide or conserve body heat (e.g. warm-water circulating pad)
  - 4.2. Ophthalmic ointment (natural tears)
  - 4.3. Gas anesthesia machine (calibrated within the last 12 months) with adequate gas scavenging system or filter
  - 4.4. Tight-fitting mask
  - 4.5. Isoflurane 0.5mg/mL
  - 4.13. Atipamezole (5mg/mL)
  - 4.14. Midazolam (5mg/mL) \*Controlled drug
  - 4.15. Thiopental sodium (Pentothal) powder \*Controlled drug
  - 4.16. Propofol (10mg/mL)
  - 4.17.

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5.1. Premedication:

5.1.1. Can be used for longer procedures to control salivation.

5.1.2. Administer glycopyrrolate (TJ0 T6K2 Td(A)Tj6n)

5.5. Endotracheal intubation:

5.5.1. Placement of an endotracheal tube is recommended for maintaining open airways.

5.5.2. Cuffed endotracheal tubes are preferred as they reduce the possibility of aspiration of saliva or stomach contents.

5.5.3. Intubation:

5.5.3.1. Lubricate endotracheal tube with sterile lubricant.

5.5.3.2. With the animal in sternal recumbency, extend the neck and head so that they are in a straight line.

5.5.3.3. While holding the upper jaw, pull the tongue forward and down so that the epiglottis is visible.

5.5.3.4. Use the laryngoscope to disengage the epiglottis from the soft palate, exposing the glottis and vocal chords.

5.5.3.5. Spray the laryngeal folds with 2% xylocaine to help decrease laryngospasm (spasmodic closing and opening of the glottis).

5.5.3.6. Insert the endotracheal tube (with the convex side facing upwards) gently into the proximal larynx

- 5.7.1.3. Adjust the vaporizer to 5% to 8%.
  - 5.7.2. Maintenance:
    - 5.7.2.1. Use the endotracheal tube or mask connected to the Bain circuit.
    - 5.7.2.2. Adjust the flowmeter to 0.8 to 1.5 L/min.
    - 5.7.2.3. Adjust the vaporizer to 1.0 to 3.0% (dose to effect).
    - 5.7.2.4. Apply ophthalmic ointment (natural tears) to both eyes to prevent dryness and damage to the cornea.
    - 5.7.2.5. When not under assisted ventilation, animal should be manually ventilated or “bagged” every 5-10 minutes to ensure proper air exchanges.
  - 5.7.3. Recovery:
    - 5.7.3.1. Turn off the vaporizer but keep the animal on oxygen for 2 to 5 minutes or longer if oxygen saturation levels are low.
    - 5.7.3.2. Remove the endotracheal tube as soon as the animal shows signs of impending arousal, i.e., when reflexes begin to return.
    - 5.7.3.3. Monitor the animal in his home cage to ensure it regains full consciousness and able to stand in a sternal position.
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6.1. Carpenter JW. Exotic Animal Formulary 4<sup>th</sup> Edition. 2013. Elsevier. Missouri.

## SOP REVISION HISTORY

DATE	NEW VERSION
2016.02.22	
2016.02.22	5.4 Pentothal route of administration: IV
2016.02.22	5.6.2.3. Adjust the isoflurane vaporizer to 1.0 to 2.0%
2016.02.22	5.6.3.1. Turn off the isoflurane vaporizer
2016.02.22	5.6.3.2. Remove the endotracheal tube as soon as the animal shows signs of impending arousal
2016.02.22	

2017.01.25 Addition of :