PropoFlo™ 28 is an anesthetic injection for use in dogs as an induction of general anesthesia. It is chemically described as 2, 6-diisopropylphenol and has a molecular weight of 174.29. PropoFlo™ 28 is readily soluble in water and therefore formulated as a sterile, nonpyrogenic emulsion in a multidose vial for intravenous administration. Each vial contains 10 mg propofol (2.0 mL), and egg lecithin (12 mg/mL), with sodium glycerol (22.5 mg/mL), benzyl alcohol (20 mg/mL), oleic acid (2.5 mg/mL), and soybean oil (100 mg/mL). The formulation also contains benzyl alcohol (20 mg/mL), oleic acid (2.5 mg/mL), and soybean oil (100 mg/mL). The primary side effect of propofol is cardiorespiratory depression due to rapid recovery from anesthesia.

INDUCTION OF GENERAL ANESTHESIA:

For induction, PropoFlo™ 28 should be injected intravenously in the cephalic, jugular, or femoral vein. An initial dose of 3-5 mg/kg administered over 3-5 seconds should establish a patent airway, and initiate assisted or controlled ventilation with pure oxygen. Cardiovascular depression may result in apnea. Propofol has also been used during inhalant maintenance anesthesia to increase anesthetic requirements due to rapid recovery from propofol. Doses to complete the transition to inhalant maintenance anesthesia should be titrated to achieve the desired anesthetic effect.

HUMAN CONSIDERATIONS:

Read the printed instructions for use and the information about adverse drug experience reporting for propofol injectable emulsion (SDS) contact Zoetis Inc. at 1-888-963-8471. For additional assistance or to obtain a copy of the Safety Data Sheet, call 1-866-982-4916 or check the Zoetis website at www.zoetis.com. Inform the patient of the risks and hazards associated with the use of propofol and the importance of the patient being continuously monitored during anesthesia.

PREGNANCY

PropoFlo™ 28 is contraindicated in dogs with a known history of anaphylaxis, may occur in some individuals who are also allergic to benzodiazepine/opioid preanesthesia and 37% when dogs are maintained on propofol. Maintenance dose sparing was approximately 48% with propofol. The necessity for, choice of, as well as any procedures appropriate to the clinical setting. Exercise precaution to avoid accidental self-injection. Overdose is likely to cause cardiorespiratory depression (such as hypotension, respiratory arrest (apnea) could occur. All patients sedated with propofol should be observed for at least 1 hour after the completion of the induction dose.
anesthesia for procedures of six treatment groups according to the patient needs (see between 1.8 and 51.5 kg. Dogs were assessed for various I-II ranging in age between 0.25-17 years of age, and in size was evaluated in 138 client-owned dogs of ASA Category evaluated in a multi-site field study in dogs. Effectiveness multidose preserved PropoFlo™ 28: induction with propofol (0-5 minutes post intubation) and observed in 180 and 110 dogs, respectively. Apnea occurred involved the respiratory system. Tachypnea and apnea were oxygen saturation and rectal temperature were measured Heart rate, blood pressure, respiratory rate, hemoglobin was induced with 6.5 mg/kg and maintained with 3 bolus doses of PropoFlo™ 28 required for induction were manually reduced by the presence of preanesthesia. The mean duration of anesthesia following propofol induction ranged from 5.7-10.4 minutes among the treatment groups. The mean duration of anesthesia following administration of propofol maintenance doses ranged from 5.0-8.0 minutes. The mean time from extubation to standing recovery was induced with 6.5 mg/kg and maintained with 3 bolus doses (either 11.6 (lower dose) or 29.7 mg/kg (higher dose)). ANIMAL SAFETY: the unpreserved PropoFlo and multidose PropoFlo™ 28. Tachypnea and apnea were observed in 180 and 110 dogs, respectively. Apnea occurred most often during the initial immediate following induction with propofol 1.5 minutes post induction and varied in duration from a few seconds to several minutes. All dogs responded to treatment. Other less frequent adverse reactions included bradycardia, muscle fasciculations, paddling, tachycardia and vomiting. Canine induction/anesthesia first study with multidose preserved Propofol™ 28: Propofol™ 28 was evaluated in a multicenter field study in dogs. Effectiveness was evaluated in 128 client-owned dogs of ASA Categories I, II, and III ranging in age between 1.8 and 51.5 kg. Dogs were assessed for various surgical and anesthetic procedures and assigned to one of six treatment groups according to the patient needs (see table below). Groups 1-5 included dogs requiring general anesthesia for procedures >20 minutes and received all infusions for maintenance anesthesia. Procedure included castration, dental, mass removal, endoscopy, biopsy, gastroscopy and mass removal. Smith, J.A., J.S. Gaynor Kamibayashi. T 75:1035-1040 (1991). Muir, W.W., J.A.E. Hubbell, R.T. Skarda, and R.M. Bednarski. Handbook of Veterinary Medicine, Second Edition. Lea Book, Inc. (1995). 3. Muir, W.W., J.A.E. Hubbell, R.T. Skarda, and R.M. Bednarski. Veterinary Medicine, Second Edition. 4. Lazenby, M.C, S. Kata Darmady, D.A. Mahoney Courter, J.K. Olivieri. A multi-center, multi-specialty, prospective, randomized controlled clinical trial in small animal medicine. Approved by FDA under NADA # 141-098 Zoetis Inc. Distributed by: Zoetis, Inc. 1200 Kalamazoo Rd., Kalamazoo, MI 49007 Revised October 2014 338 341