

Anxiolytic, Sedation, and Premedication Drug Combinations

Use this chart to determine which drug-class combinations may benefit your individual patients based on their health, demeanor, and the reason they require medication, including simply to calm their nerves.

Desired Effect	Drug Options	Healthy	Examples	Compromised/Sick
Low FAS 	Gabapentin		50–150 mg/cat PO, 20–40 mg/kg PO (dog) 2–3 hr before visit	
	Trazodone		3–7.5 mg/kg PO (dog)	
	Alpha-2 agonist		Dexmedetomidine gel OTM. Use label dose for patient size**	
Light sedation 	Opioid		Butorphanol 0.2–0.4 mg/kg IV/IM	
	Benzodiazepine		Midazolam 0.2 mg/kg, IV/IM	
Moderate sedation 	Opioid		Butorphanol 0.4 mg/kg IM or Buprenorphine 0.02 mg/kg OTM (cat)	
	Tranquilizer		Acepromazine 0.01–0.03 mg/kg IM (dog)*, 0.025–0.1 mg/kg IM (cat)*	
	Benzodiazepine		Midazolam 0.2 mg/kg, IV/IM	
	Alpha-2 agonist		Dexmedetomidine 3–7 µg/kg IM (dog) or 3–10 µg/kg IM (cat) or 0.04 mg/kg OTM (cats)	
Heavy sedation 	Opioid		Butorphanol 0.2–0.4 mg/kg IM	
	Benzodiazepine		Midazolam 0.2 mg/kg, IV/IM	
	Alpha-2 agonist		Dexmedetomidine 7–15 µg/kg IM (dog) or 10–20 µg/kg IM (cat)	
	Neurosteroid		Alfaxalone 1–2 mg IM [§]	
	Dissociative		Ketamine 1–2 mg/kg IM	

How to use this chart:

1. Select desired level of sedation.
2. Consider the combinations available.
3. Evaluate the health status of your canine or feline patient.
4. Taking into consideration patient demeanor, the anticipated length of, and degree of pain caused by the procedure, and other factors, select a color combination that suits you and your patient's needs.
5. Make appropriate combination choices, remembering to use the lower end of the drug dose when combining with other sedatives.

FAS, fear, anxiety, stress; OTM, oral transmucosal administration

* Maximum 2-3 mg total dose

† Maximum 1 mg total dose

§ Best used in small patients

** Administer to fractious patients in parking lot

The 2020 AAHA Anesthesia and Monitoring Guidelines for Dogs and Cats are available at aaha.org/anesthesia.

This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting.

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