

FEMA Cache List Drugs Canine Dosing - 2023				
Description	K9 Typical Dose (Addn'l dose range)	Freq	Route	Notes
<b>NARCOTICS / SEDATION / ANTICONVULSANT</b>				
Etomidate (+ midazolam) - induction	0.5 - 3 mg/kg		IV	Precede with 0.2mg/kg midazolam
Fentanyl	3 mcg/kg IV bolus, then 3mcg/kg/hr CRI (2-5 mcg/kg)			
Ketamine + Midazolam - induction	5 mg/kg Ket + 0.2 mg/kgMidaz		IV	Be prepared to intubate, lube eyes, anesthetic monitoring. Mix in same syringe or give midazolam first. Pre-med with opioid for better quality.
Ketamine + Midazolam - sedation	2.5 mg Ket + 0.1 mg/kg Midaz		IV	Mix in same syringe or give midazolam first. Dysphoria. Add opioid for better quality.
Lorazepam - seizures	0.2 mg/kg		IV	
Lorazepam - anxiety	0.025-0.1 mg/kg	q 8-24 hrs	PO	
Midazolam - seizures	0.5 mg/kg		IV, IM	Repeat 3x prn for seizures
Morphine	0.2-0.5 mg/kg (0.2-1 mg/kg)	q 4hrs	IV slow, IM, SQ	Nausea common
Propofol - no pre-med	6 mg/kg		IV	Titrate to effect, 25% dose in 30 second increments
Propofol - with pre-med	3 mg/kg		IV	0.2mg/kg Midazolam +/- opioid pre-med, admin same as above
Naloxone	0.04 mg/kg (0.001-0.2+ mg/kg)	PRN	IV, IM, SQ, IN	Wide margin of safety in dogs (up to 10mg/kg). If IN only available, give full dose.
<b>ER / CARDIORESPIRATORY - see separate CPR chart</b>				
Albuterol 0.5%	0.5ml/4ml NaCl	q 6 hrs	nebulization	
Amiodarone	2-5 mg/kg	IV 30-60 min		
Atropine	0.02-0.04 mg/kg		IV, IM	
Atropine - organophosphate toxicity	0.2-2 mg/kg		*	* 1/4 dose IV, rest IM/SQ. Test at 0.02mg/kg IV first-if increased HR and mydriasis, unlikely OP toxicity
Diltiazem	0.05-0.25 mg/kg (up to 0.5mg/kg)		IV 5 min	SVT. Chronic treatment = 1 mg/kg PO q8hrs (max 3mg/kg q8)
Dobutamine	5-20 mcg/kg/min			
Dopamine	1-10 mcg/kg/min			
Epinephrine - anaphylaxis	0.01 mg /kg	q 5-15 min	IM	
Epinephrine - low dose CPR	0.01 mg/kg	q 3-5 min	IV	
Epinephrine - high dose (prolonged CPR)	0.1 mg/kg	cpr > 10 min	IV	
Furosemide				
Lidocaine - ventricular tachycardia	2-4 mg/kg	up to 8 mg/kg	IV	Follow with CRI @ 25 - 80 mcg/kg/min
Metoprolol	0.2-0.4 mg/kg	q 12 hrs	PO	
Procainamide	2-4 mg/kg IV 2 minutes, repeat prn, then 10-40 mcg/kg/min cri.			V-tach. Lidocaine first. Max 25 mg/kg over 15 min.
Saline / Isotonic Crystalloid - shock dose IV fluids	10 ml/kg	prn	IV	Total blood volume = 60 - 90 ml/kg
Tidal volume during CPR	10 ml/kg			Or chest rise
<b>ORAL / LOCAL ANALGESICS</b>				
Acetaminophen	10-15 mg/kg	q 12 hrs	PO	Narrow safety margin
Oxycodone 5mg/Acetaminophen 325mg	Dose for acetaminophen @ 10-15 mg/kg q 12 hrs		PO	Oxycodone dosed at 0.1 - 0.3 mg/kg PO q 8 - 12 hrs
Aspirin	10 mg/kg (10-20 mg/kg)	q 12 hrs	PO	Avoid if alternative available - bleeding gastric ulcers
Bupivacaine	< 2mg/kg local infusion		SQ	< 4ml per 10kg body weight of 0.5% solution
Lidocaine	< 8 mg/kg for sq infusion		SQ	
Tramadol	2-5 mg / kg	q8-12 hrs	PO	Questionable efficacy in dogs
Optional NSAID - Carprofen	2.2 mg/kg	q 12 hrs	PO	
Optional NSAID - Meloxicam	0.1 mg/kg	q 24 hrs	PO	
Optional NSAID - Deramaxx	1-2 mg/kg	q 24 hrs	PO	Alternate NSAID preferred due to potential increased risk of GI ulcers relative to other NSAIDS
Optional NSAID - Firocoxib	5 mg/kg	q 24 hrs	PO	
<b>ANTIBIOTIC</b>				
Amoxicillin/Clavulinic Acid	13.75 mg/kg (10-20 mg/kg)	q 12 hrs	PO	q 8-12 hrs
Azthromycin	5 - 10 mg/kg	q 24 hrs	PO	
Ceftriaxone	25 mg/kg (15-50 mg/kg)	q 12-24 hrs	IV, IM	
Cephalexin	22 mg/kg (10-35 mg/kg)	q 12 hrs	PO	q 8-12 hrs
Cefazolin	22 mg/kg (10-30 mg/kg)	q 8 hrs	IV, IM, SQ	q 4-8 hrs

Ciprofloxacin	15 mg/kg (5-20 mg/kg)	q 24 hrs	PO	Poorly absorbed orally in dogs
Doxycycline	5 mg / kg (5-10 mg/kg)	q 12 hrs	PO	q 12 - 24 hrs. Give with food.
Metronidazole injectable	15 mg/kg (7.5-25 mg/kg)	q 12 hrs	IV 30 min.	
Metronidazole tablets	15 mg/kg (7.5-25 mg/kg)	q 12 hrs	PO	Use low end dose if hepatopathy
<b>ANTI-EMETIC / GI</b>				
Antacid: Famotidine or Omeprazole	0.5-1 mg/kg	q 12-24 hrs	PO	Ranitidine / Cimetidine not effective in dogs
Cerenia (maropitant) injection	1 mg / kg	IV slow, SQ		Anti-emetic
Cerenia tablets	2 mg/kg	PO		Anti-emetic
Ondansetron	0.5 mg/kg (0.2-1 mg/kg)	q 8-12 hrs	IV or PO	Can be given concurrently with Cerenia
<b>OTHER</b>				
4-Methylprazole (Fomepizole) Antizol-Vet	20 mg/kg IV, 15 mg/kg IV at 12 and 24 hrs, 5mg/kg at 36 hrs			Ethylene glycol antidote - if unavailable, see Ethanol alternative
Acepromazine	0.02-0.05 mg/kg (3mg max)		IV, IM	Sedation only. Start low - hypotension.
Apomorphine tabs	Place tab subconjuncival		SubConj	Emesis typically within 5 min, remove and flush eye with saline
Apomorphine injectable	0.03mg/kg		IV	
Apomorphine injectable	0.04mg/kg		IM	
Charcoal, Activated	1 g / kg (1-2 g/kg)		PO	Adsorbs some toxins. Emesis with large volume. Q 4 - 8 hrs if enterohepatic recirculation
Dexamethasone	0.15 mg/kg (0.1-0.5 mg/kg/day)	q 12-24 hrs	IV, IM	
Dextrose 50%	0.5-1 ml/kg		IV	Dilute 1:3 with saline, equals 0.25-0.5 g/kg, follow with CRI 2.5-5% dextrose. Can administer buccal space if no IV initially.
Diphenhydramine injection	2.2 mg/kg	q 8 hrs	IM, PO	
Ethanol - see below				
Fexofenadine	2-5 mg/kg	q 12 - 24 hrs	PO	
Hydrogen Peroxide	2 ml/kg, max 50ml		PO	Emesis - Apomorphine preferred. Repeat q 10 min 2-3x. Gastritis / esophagitis.
Mannitol - cerebral edema, acute glaucoma	0.5-1 g/kg	q 6-8 hrs	IV 20 min	Acute glaucoma = single dose. Use in IV filter.
Mannitol - oliguric renal failure	0.25-0.5 g/kg	q 4-6 hrs	IV 20 min	Repeat if substantial diuresis occurs. Max 2 g/kg/day. IV filter.
Pralidoxime (2-PAM)	20 mg/kg	q 6 - 12 hrs	IV, IM, SQ	Initial dose = IV diluted in saline over 5+ min
Prednisone	0.5 mg/kg (0.5 - 3 mg/kg/day)	q 12-24 hrs	PO	Max 30mg/day
Robitussin DM Syrup	100mg guaifenesin + 10mg dextromethorphan PO q 4hrs			Med/Lg dog dose
<b>OTHER NOT ON LIST - IF AVAILABLE</b>				
Atipamezole - amitraz toxicity	50 mcg/kg	q 4hrs	IM	Amitraz toxicity (some tick collars), repeat q4hrs
Atipamezole - Dexmed reversal	same volume as dexmed		IM	IV low dose if emergent
Buprenorphine	0.015 mg/kg (0.01-0.04 mg/kg)	q 8 hrs	IV, IM	Partial mu agonist, erratic absorption SQ. q 6-12 hr
Butorphanol	0.2 mg/kg (0.1-0.5mg/kg)		IV, IM, SQ	Commonly used for short term sedation with dexmedetomidine
Dexmedetomidine / medetomidine	5 mcg/kg		IV, IM	Commonly used for short term sedation with butorphanol. Can cause significant cardiorespiratory depression at higher doses. Bradycardia common - partially or fully reverse if HR < 40 bpm.
Ethanol 7% solution*	8.6 ml/kg IV slow, then 1.43 ml/kg/hr IV CRI for 36-48 hrs			Ethylene glycol antidote if Fomepizole unavailable - give concurrently with IVF at total of 4ml/kg/hr. Competitively inhibits alcohol dehydrogenase preventing metabolism of ethylene glycol into toxic metabolites and allowing excretion unchanged in the urine. Start within 4 hrs ideally, 8hrs at latest.
Ethanol 20% solution*	5.5 ml/kg over 1 hour, repeat q 4hrs for 5 treatments, then q 6hrs for 4 treatments			
Ethanol 40%*	1 ml/kg		PO - dilute	Only if no IV access and delayed care.
Hydromorphone	0.1 mg/kg (0.05-0.2 mg/kg)	q 6 hrs	IV, IM, SQ	q 2 - 6 hrs
References:				
Plumb Veterinary Drug Handbook 10th ed., Merck Veterinary Manual, Vet Emergency and Critical Care Manual 3rd ed.				