

Updates and advice on drug usage in anaesthesia

Increased critical care activity during the coronavirus pandemic has greatly increased demand for many of the drugs used in anaesthesia. This has required the very careful management of local and national supply. The Royal College of Anaesthetists, the Association of Anaesthetists, the Faculty of Intensive Care Medicine and the Intensive Care Society worked with the Chief Pharmaceutical Officer at NHS England and his team to issue [guidance](#) on how to rationalise the use of drugs in anaesthesia and intensive care to manage the demand for key drugs. This included advice on how and when to use suitable alternatives.

As the number of patients needing critical care has decreased, the pressure on these drugs has reduced, and we recognise the need to provide up-to-date information on drug supply and, if appropriate, to issue revised guidance. This is particularly important as hospitals begin to restart planned surgical services. As always, departments of anaesthesia should liaise with local pharmacy colleagues to manage drug availability and to maintain awareness of any local or national supply issues, and will have the support of the professional bodies in doing so.

The situation as of 8 June 2020 is:

Drug	Comment
propofol	supplies are much improved but increased demand in the event of a second peak of COVID-19 infections would require very careful management, including actions to preserve stocks
rocuronium	supply has improved substantially
suxamethonium	adequate supplies available
atracurium & cisatracurium	very limited supplies
opiates/opioids	adequate supplies available
local anaesthetics	adequate supplies available
other drugs	no reports of supply problems

Advice to anaesthetists

Neuromuscular blocking drugs:

- Suxamethonium and rocuronium can be used for rapid sequence induction according to clinical indication and professional judgement.
- Rocuronium can be used as normal for other clinical applications and is recommended as the first line neuromuscular blocking agent except where contraindicated.
- Atracurium can be used when indicated but anaesthetists should be aware that supplies are limited.

Propofol:

- Propofol can be used as normal for induction of anaesthesia.
- Anaesthetists should use their professional judgement to decide whether to use inhalational or intravenous agents for the maintenance of anaesthesia, taking the local and national supply situation into account.
- The use of depth of anaesthesia monitoring during total intravenous anaesthesia may decrease propofol usage.

All other drugs:

- Use as normal.

Neuraxial, [regional](#) or local anaesthesia should continue to be used where appropriate with appropriate consent.