Vasoconstrictors							
Name	Proprietary Name	Chemical Structure	Mode of Action	Systemic Actions	Maximum Recommended Dose	Number of Cartridges	Concentrations
Epinephrine	Adrenalin	Acid salt (highly soluble in H2O) Sodium bisulphate added as antioxidant to delay deterioration	Acts directly on alpha and beta adrenergic receptors (beta predominates)	Increase heart rate Increase contraction Increase myo. O2 Decrease in cardiac efficiency Vasoconstriction Bronchodilation CNS stimulation Metabolism increases O2 in all tissues Inc. blood sugar Eliminated in urine	Normal/Healthy Client: 0.2mg per appt. 1:50,000 ->5.5 1:100,000 ->11 1:200,000 ->22 Client with C/V Disease: 0.04mg/ per appt. 1:50,000 ->1 1:100,000 ->2 1:200,000 ->4		1:50,000 (lidocaine) 1:100,000 (lidocaine, articaine) 1:200,000 (articaine)
Levonordefrin	Neocobefrin	Freely soluble in diluted acidic sol'n . Sodium bisulphate added	Direct alpha receptor stimulation (little beta activity) **Only 15% as potent as epi.**	Produce less cardiac and CNS stimulation; all actions are the same as epi. but to a lesser degree. Metabolizes same as epi.	For all clients: 1 mg/per appt of 1:20,000 levenordefrin	11	1:20,000 (Mepivacaine)

TOPICAL ANESTHETIC IN MAIN CLINIC: Xylonor Gel: - Lidocaine 5%, antibacterial due to cetrimide

- Contra-indications: clients allergic to lidocaine or to cetrimide (antiseptic)

- 15 grams/tube; MRD -> 4 grams

CONCENTRATION FORMULA: 1.8 ml/cart X # of cart's X concentration of agent = mg administered

(i.e.: 2 cart's containing 1:100,000 epi: 1.8 x 2 x 0.01 = 0.036 mg)

<u>Epinephrine</u>

1:50,000 = 0.02 mg

1:100,000 = 0.01 mg

1:200,000 = 0.005 mg

<u>Levonordefrin</u>

1:20,000 = 0.05 mg