



## Sufenta (sufentanil citrate) - Drug Summary

Taylor Pharmaceuticals

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Sufenta  
(sufentanil citrate)

### THERAPEUTIC CLASS

Opioid analgesic

### DEA CLASS

CII

### ADULT DOSAGE & INDICATIONS

#### Analgesia (Surgical)

Adjunct in the maint of balanced general anesthesia in patients who are intubated and ventilated

#### Expected Duration of Anesthesia 1-2 Hrs:

##### Incremental or Infusion:

**Usual:** 1-2mcg/kg w/ nitrous oxide/oxygen

Approx ≥75% of total sufentanil dose may be administered prior to intubation by either slow inj or infusion titrated to patient response

##### Maint:

**Incremental:** 10-25mcg (0.2-0.5mL) may be administered in increments prn

Supplemental doses should be individualized and adjusted to remaining operative time anticipated

**Infusion:** Administer as an intermittent or continuous infusion prn

Adjust based upon the induction dose so that total dose does not exceed 1mcg/kg/hr of expected surgical time

#### Expected Duration of Anesthesia 2-8 Hrs:

##### Incremental or Infusion:

**Usual:** 2-8mcg/kg w/ nitrous oxide/oxygen

Approx ≤75% of the total calculated sufentanil dose may be administered by slow inj or infusion prior to intubation, titrated to individual patient response

##### Maint:

**Incremental:** 10-50mcg (0.2-1mL) may be administered in increments prn

Supplemental doses should be individualized and adjusted to the remaining operative time anticipated

**Infusion:** May administer as an intermittent or continuous infusion prn

Adjust based upon the induction dose so that total dose does not exceed 1mcg/kg/hr of expected surgical time

#### Anesthesia (Surgical)

As a primary anesthetic agent for the induction and maint of anesthesia w/ 100% oxygen in patients undergoing major surgical procedures who are intubated and ventilated

##### Incremental or Infusion:

**Total Dose:** 8-30mcg/kg (anesthetic doses) administered as slow inj, infusion, or inj followed by infusion

Produces sleep and maintains deep level of anesthesia w/o use of additional anesthetics at doses ≥8mcg/kg when administered w/ 100% oxygen and a muscle relaxant

##### Maint:

**Incremental:** Depending on initial dose, 0.5-10mcg/kg may be administered by slow inj

**Infusion:** May be administered by continuous or intermittent infusion as needed

Maint infusion rate should be based upon the induction dose so that the total dose for the procedure does not exceed 30mcg/kg

#### Labor Pain

##### Analgesic During Labor and Vaginal Delivery:

**Usual:** 10-15mcg administered w/ 10mL bupivacaine 0.125% w/ or w/o epinephrine

Doses can be repeated twice (for a total of 3 doses) at ≥1-hr intervals until delivery

### PEDIATRIC DOSAGE & INDICATIONS



## General Anesthesia

### Induction/Maint of Anesthesia:

<12 Years:

### Undergoing Cardiovascular Surgery:

**Usual:** 10-25mcg/kg w/ 100% oxygen

**Maint:** Supplemental doses of up to 25-50mcg may be given based on response to initial dose

## DOSING CONSIDERATIONS

### Concomitant Medications

**Benzodiazepines, Barbiturates, Inhalation Agents, Other Opioids/CNS Depressants:** Reduce sufentanil dose or dose of concomitant drug

### Elderly/Debilited

Reduce dose

### Other Important Considerations

**Neonates:** Reduce dose accordingly, especially in those w/ cardiovascular disease

## ADMINISTRATION

IV route

For purposes of administering small volumes accurately, use of tuberculin syringe or equivalent is recommended

### Epidural Use in Labor and Delivery:

Administer by slow inj

Should be mixed together w/ bupivacaine before administration

## HOW SUPPLIED

Inj: 50mcg/mL

## WARNINGS/PRECAUTIONS

Should only be administered by persons specifically trained in the use of IV and epidural anesthetics and management of the respiratory effects of potent opioids. An opioid antagonist, resuscitative and intubation equipment and oxygen should be readily available. Prior to catheter insertion, the physician should be familiar with patient conditions (such as infection at the injection site, bleeding diathesis, anticoagulation therapy) which call for special evaluation of the benefit versus risk potential. May cause muscle rigidity of the neck and extremities. Adequate facilities should be available for postoperative monitoring and ventilation. Monitor vital signs routinely. Reduce dose for elderly and debilitated patients. Caution with pulmonary disease, decreased respiratory reserve, liver and kidney dysfunction, cardiac bradyarrhythmias. Reports of bradycardia responsive to atropine. May obscure clinical course of patients with head injuries.

## ADVERSE REACTIONS

Respiratory depression, skeletal muscle rigidity, bradycardia, HTN, hypotension, chest wall rigidity, somnolence, pruritus, N/V.

## DRUG INTERACTIONS

Reports of cardiovascular depression with nitrous oxide. High doses of pancuronium may produce increase in HR. Reports of bradycardia and hypotension with other muscle relaxants. Greater incidence and degree of bradycardia and hypotension with chronic CCB and  $\beta$ -blocker therapy. Additive or potentiating effects with other CNS depressants (eg, barbiturates, tranquilizers, narcotics, general anesthetics). Reduce dose of either agent. Decrease in mean arterial pressure and systemic vascular resistance with benzodiazepines.

## PREGNANCY AND LACTATION

Category C, caution in nursing.

## MECHANISM OF ACTION

An opioid analgesic.

## PHARMACOKINETICS

**Distribution:** Plasma protein binding (healthy males: 93%, mothers: 91%, neonates: 79%). **Elimination:**  $T_{1/2}$ =164 min (adults), 97 min (neonates).

## ASSESSMENT

Assess for pulmonary disease, decreased respiratory reserve, hepatic/renal dysfunction, cardiac bradyarrhythmias, head injury, pregnancy/nursing status, and possible drug interactions.

## MONITORING

Monitor for cardiovascular depression (eg, bradycardia and hypotension), respiratory depression, muscle rigidity of the neck and extremities, N/V, chills, arrhythmias, chest wall rigidity. Monitor vital signs routinely. Appropriate postoperative monitoring should ensure that adequate spontaneous breathing is established and maintained prior to discharging patient.

## PATIENT COUNSELING

Counsel about side effects of drug and abuse potential.

## STORAGE

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20-25°C (68-77°F). Protect from light.

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