Anesthesia Machine Kit enclosed:

1. Isoflurane
2. Ultrane Sevoflurane

MATERIAL SAFETY DATA SHEET

Product Name: Isoflurane, USP

1. CHEMICAL PRODUCT AND COMPANY INFORMATION

Manufacturer Name: Hospira, Inc.
And Address: 275 North Field Drive
Lake Forest, Illinois 60045
USA

Note: Hospira, formerly the Hospital Products Division of Abbott Laboratories, was created as an independent company in May 2004.

Emergency Telephone
Hospira, Inc.
CHEMTREC: 800 424-9300
224 212-2055

Product Name: Isoflurane, USP

Synonyms: None

2. COMPOSITION/INFORMATION ON INGREDIENTS

Ingredient Name: Isoflurane
Chemical Formula: C₃H₆ClF₃O

<table>
<thead>
<tr>
<th>Component</th>
<th>Approximate Percent by Weight</th>
<th>CAS Number</th>
<th>RTECS Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoflurane</td>
<td>100</td>
<td>26675-46-2</td>
<td>KN6799000</td>
</tr>
</tbody>
</table>

3. HAZARD INFORMATION

Emergency Overview: In clinical use, this material is used to produce anesthesia (sleep). Large concentrations are required to produce this effect. Smaller amounts could produce drowsiness. Possible target organs include the central nervous system, cardiovascular system, and respiratory system.

Occupational Exposure Potential: Information on the absorption of this compound via ingestion, inhalation or skin contact is not available. Avoid liquid aerosol generation and skin contact.

Signs and Symptoms: No signs or symptoms from occupational exposure are known. Clinical data suggest the following: headaches, incoordination, nausea, slow heart rate, sedation sleep, drowsiness, dizziness, hyperthermia, vomiting, breathing difficulty.

Medical Conditions Aggravated by Exposure: Hypersensitivity to the material and/or similar materials. Pre-existing ailments in the following organs: central nervous system, cardiovascular system, gastrointestinal system, respiratory system.
Product Name: Isoflurane, USP

4. FIRST AID MEASURES

Eye Contact: Remove from source of exposure. Flush with copious amounts of water. If irritation persists or signs of toxicity occur, seek medical attention. Provide symptomatic/supportive care as necessary.

Skin Contact: Remove from source of exposure. Flush with copious amounts of water. If irritation persists or signs of toxicity occur, seek medical attention. Provide symptomatic/supportive care as necessary.

Inhalation: Remove from source of exposure. If signs of toxicity occur, seek medical attention. Provide symptomatic / supportive care as necessary.

Ingestion: Remove from source of exposure. If signs of toxicity occur, seek medical attention. Provide symptomatic / supportive care as necessary.

5. FIRE FIGHTING MEASURES

Flammability: Non-flammable.

Fire & Explosion

Hazard: None

Extinguishing Media: Use extinguishing media appropriate for primary cause of fire.

Special Fire Fighting Procedures

No special provisions required beyond normal fire fighting equipment such as flame and chemical resistant clothing and self contained breathing apparatus.

6. ACCIDENTAL RELEASE MEASURES

Spill Cleanup and Disposal

Absorb liquid with suitable material and clean affected area with soap and water. Dispose of materials according to the applicable federal, state, or local regulations.

7. HANDLING AND STORAGE

Handling

Avoid contact with eyes, skin, or clothing. Wash thoroughly after handling. Do not eat, drink or smoke near material.

Storage

No special storage required for hazard control. For product protection store at controlled room temperature of 15-30°C (59-86°F).

Special Precautions

Protect from freezing and extreme heat.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Exposure Guidelines

<table>
<thead>
<tr>
<th>Component</th>
<th>OSHA-PEL</th>
<th>ACGIH-TLV</th>
<th>Hospira EEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoflurane</td>
<td>8 hr TWA: Not Established</td>
<td>8 hr TWA: Not Established</td>
<td>8 hr TWA: 450 mg/m3 (60 ppm) STEL: Not Established</td>
</tr>
</tbody>
</table>

Notes: OSHA PEL: US Occupational Safety and Health Administration – Permissible Exposure Limit
ACGIH TLV: American Conference of Governmental Industrial Hygienists – Threshold Limit Value.
EEL: Exposure Exposure Limit
TWA: 8 hour Time Weighted Average.
STEL: 15-minute Short Term Exposure Limit.
Product Name: Isoflurane, USP

Respiratory Protection
Respiratory protection is not needed during normal product use.

Skin Protection
If solution contact with unprotected skin is likely, use of impervious gloves is a prudent practice.

Eye Protection
Eye protection is not required during expected product use conditions but may be warranted should a splash potential exist.

Engineering Controls
Engineering controls are not needed during normal product use conditions. Anesthetic gas scavenging systems should be used to control waste anesthetic. In the laboratory, this product should be handled in a hood.

9. PHYSICAL/CHEMICAL PROPERTIES

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance/Physical State</td>
<td>Clear, colorless liquid.</td>
</tr>
<tr>
<td>Odor</td>
<td>Mild, pungent, musty, ethereal odor</td>
</tr>
<tr>
<td>Boiling Point</td>
<td>48.5 °C at 760 mm Hg</td>
</tr>
<tr>
<td>Freezing Point</td>
<td>Approximately that of water (0 °C, 32 °F).</td>
</tr>
<tr>
<td>Vapor Pressure</td>
<td>295 mm Hg at 25 °C</td>
</tr>
<tr>
<td>Vapor Density (Air=1)</td>
<td>6.3</td>
</tr>
<tr>
<td>Evaporation Rate</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Bulk Density</td>
<td>Not Determined</td>
</tr>
<tr>
<td>Specific Gravity</td>
<td>1.496 at 25 °C</td>
</tr>
<tr>
<td>Solubility</td>
<td>Slightly soluble in water</td>
</tr>
<tr>
<td>pH</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

10. STABILITY AND REACTIVITY

Chemical Stability
Stable under standard use and storage conditions.

Incompatibilities
Not Determined

Hazardous Decomposition Products
Toxic fumes of chlorine and fluorine under fire conditions

Hazardous Polymerization
Not Determined.

11. TOXICOLOGICAL INFORMATION:

Acute Toxicity:

<table>
<thead>
<tr>
<th>Ingredient(s)</th>
<th>Percent</th>
<th>Test Type</th>
<th>Value</th>
<th>Units</th>
<th>Species</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isoflurane</td>
<td>100</td>
<td>LD50</td>
<td>4770-5080</td>
<td>mg/kg</td>
<td>Mice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>LC50</td>
<td>15,300-16,800</td>
<td></td>
<td>Rats</td>
</tr>
</tbody>
</table>

LC50 is the concentration in air that produces 50% mortality.

Mutagenicity
Not Determined

Target Organ Effects
In clinical use target organ effects include the central nervous system.
12. ECOLOGICAL INFORMATION:

Aquatic Toxicity Not Available

13. DISPOSAL CONSIDERATIONS:

Waste Disposal Disposal should be performed in accordance with the federal, state or local regulatory requirements.

Container Handling and Disposal Dispose of container and unused contents in accordance with federal, state, and local regulations.

14. TRANSPORTATION INFORMATION

DOT Not Regulated

Notes: DOT - US Department of Transportation Regulations

15. REGULATORY INFORMATION

TSCA Status Not Regulated
CERCLA Status Not Regulated
SARA Status Not Regulated
RCRA Status Not Regulated
PROP 65 (Calif.) Not Regulated

Notes: TSCA Toxic Substance Control Act
CERCLA, US EPA law, Comprehensive Environmental Response, Compensation, and Liability Act
SARA Superfund Amendments and Reauthorization Act
RCRA US EPA, Resource Conservation and Recovery Act
Prop 65, California Proposition 65

16. OTHER INFORMATION:

MSDS Coordinator T. Straits MPH, CIH
Date Prepared September 15, 2005

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ABBOTT LABORATORIES -- 4456 ULTANE SEVOFLURANE
=========================================================================
MSDS Safety Information
=========================================================================
MSDS Date: 12/23/1998
MSDS Num: CLCDK
Product ID: 4456 ULTANE SEVOFLURANE
MFN: 02
Responsible Party
Cage: 33110
Name: ABBOTT LABORATORIES
Address: 100 ABBOTT PARK RD
City: ABBOTT PARK IL 60064-3500
Info Phone Number: 847-937-3386
Emergency Phone Number: 1-847-937-7970
Preparer's Name: DLF
Chemtrec IND/Phone: (800)424-9300
Review Ind: Y
Published: Y
=========================================================================
Contractor Summary
=========================================================================
Cage: 33110
Name: ABBOTT LABORATORIES INC DIAGNOSTICS DIV
Address: 100 ABBOTT PARK RD
City: NORTH CHICAGO IL 60064
Phone: 847-935-7177
=========================================================================
Ingredients
=========================================================================
Cas: 28523-86-6
RTECS #: KO0737000
Name: SEVOFLURANE
Other REC Limits: 8 HR TWA: 100 PPM
=========================================================================
Health Hazards Data
=========================================================================
Route Of Entry Inds - Inhalation: YES
Ingestion: NO
Carcinogenicity Inds - NTF: NO
IARC: NO
OSHA: NO
Effects of Exposure: THIS MATERIAL IS USED TO PRODUCE ANESTHESIA (SLEEP).
TARGET ORGANS INCLUDE THE CENTRAL NERVOUS SYSTEM, RESPIRATORY SYSTEM,
CARDIOVASCULAR SYSTEM & POSSIBLY THE FETUS.
Explanation Of Carcinogenicity: NONE
Signs And Symptoms Of Overexposure: SEVOFLURANE PRODUCES ANESTHESIA W/SYMPTOMS
OF: RESPIRATORY DEPRESSION, HYPOTENSION, BRADYCARDIA, SHIVERING, NAUSEA,
HEADACHE. LARGE CONCENTRATIONS OF SEVOFLURANE HAVE PRODUCED SLIGHT
ELEVATIONS IN SERUM ENZYMES & PRODUCED MATERIAL EFFECTS, Fetal EFFECTS
(DECREASED WEIGHT GAINS), CLEFT PALATE & DECREASED REPRODUCTIVE
PERFORMANCE IN ANIMAL STUDIES.
Medical Cond Aggravated By Exposure: PATIENTS SENSITIVE TO HALOGENATED
ANESTHETICS; CARDIOVASCULAR/RESPIRATORY DISEASES.
First Aid: EYES/SKIN/INGESTION/INHALATION: REMOVE FROM SOURCE OF EXPOSURE.
FLUSH SKIN & EYES W/COPIOUS AMOUNTS OF WATER. PROVIDE
SYMPTOMATIC/SUPPORTIVE CARE, MAINTAINING VENTILATION W/PURE OXYGEN AS
NECESSARY.
=========================================================================
Handling and Disposal
Spill Release Procedures: VENTILATE AREA & WASH SITE AFTER MATERIAL WIPE UP IS COMPLETE. COLLECT AS POISONOUS ORGANIC CHEMICAL, PLACE IN CONTAINER & HOLD FOR WASTE DISPOSAL.

Waste Disposal Methods: DISPOSE OF IN ACCORDANCE W/LOCAL, STATE & FEDERAL REGULATIONS.

Handling And Storage Precautions: STORE AT CONTROLLED ROOM TEMPERATURE OF 59-86F. KEEP CONTAINERS CLOSED & AWAY FROM LIGHT.

Fire and Explosion Hazard Information

Flash Point Text: NON-FLAMMABLE
Autoignition Temp Text: N/D
Lower Limits: N/D
Upper Limits: N/D
Extinguishing Media: WATER SPRAY, CO2/DRY CHEMICAL POWDER
Fire Fighting Procedures: WEAR SELF CONTAINED BREATHING APPARATUS.
Unusual Fire/Explosion Hazard: AVOID INHALATION OF COMBUSTION PRODUCTS.

Control Measures

Respiratory Protection: IF ENGINEERING CONTROLS ARE IN PLACE, RESPIRATORS ARE GENERALLY NOT REQUIRED. ENTRY INTO AREAS OF UNKNOWN AIRBORNE CONCENTRATION OF THIS PRODUCT SHOULD ONLY BE MADE W/A SELF CONTAINED BREATHING APPARATUS.
Ventilation: IN THE LABORATORY ENVIRONMENT, THIS PRODUCT SHOULD BE HANDLED IN A HOOD.

Protective Gloves: IMPERVIOUS
Eye Protection: UNDER NORMAL USE CONDITIONS, NO PROTECTION IS ANTICIPATED.
Work Hygienic Practices: WASH THOROUGHLY AFTER HANDLING.

Physical/Chemical Properties

Boiling Point: =58.6°C, 137.5°F
Vapor Pres: 245.5
Vapor Density: 6.94
Spec Gravity: 1.525
PH: 7-7.5
Evaporation Rate & Reference: HIGHLY VOLATILE
Solubility in Water: 0.01
Appearance and Odor: CLEAR, COLORLESS LIQUID

Reactivity Data

Stability Indicator: YES
Materials To Avoid: ALKALINE EARTH METALS, STRONG BASES
Hazardous Decomposition Products: CO, CO2, HYDROGEN FLUORIDE
Hazardous Polymerization Indicator: NO

Toxicological Information

Toxicological Information: ORAL: LD50=10,800-37,200 MG/KG IN MICE AND RATS.
INHALATION: LC50=58,000-83,000 PPM/1H IN RATS AND MICE, 28,300-29,000 PPM/3H IN RATS AND MICE, 33,000-45,000 PPM/3H IN 7-14 DAY OLD NEONATAL RATS AND MICE, 73,000-106,000 PPM/1H IN DOGS AND RABBITS AND 68,000 PPM/3H IN MONKEYS.
OCULAR IRRITATION: SEVOFLURANE WAS SLIGHTLY IRRITATING IN AN EYE IRRITATION TEST IN RABBITS. SPECIAL TARGET ORGAN EFFECTS: CLINICALLY, SEVOFLURANE PRODUCES ANESTHESIA WITH A MINIMUM ALVEOLAR CONCENTRATION OF 20,000 PPM. A SMALL AMOUNT OF AN INSPIRED DOSE IS METABOLIZED TO FLUORIDE AND A FLUORIDE CONTAINING METABOLITE.
Ecological Information

MSDS Transport Information

Transport Information: IATA/ICAO STATUS: REGULATED; PROPER SHIPPING NAME: AVIATION REGULATED LIQUID, N.O.S. (SEVOFLURANE); HAZARD CLASS: 9; UN NUMBER: UN3334

Regulatory Information

Other Information

Other Information: THE INFORMATION/RECOMMENDATIONS CONTAINED HEREIN ARE BELIEVED TO BE RELIABLE. ABBOTT LABORATORIES DOES NOT GUARANTEE THEIR ACCURACY/COMPLETENESS NOR SHALL ANY OF THIS INFORMATION CONSTITUTE A WARRANTY, WHETHER EXPRESSED/IMPLIED, AS TO THE SAFETY OF THE GOODS, THE MERCHANTABILITY OF THE GOODS/THE FITNESS OF THE GOODS FOR A PARTICULAR PURPOSE. ADJUSTMENT TO CONFORM W/ACTUAL CONDITIONS OF USAGE MAY BE REQUIRED. ABBOTT LABORATORIES ASSUMES NO RESPONSIBILITY FOR RESULTS OBTAINED/FOR INCIDENTAL/CONSEQUENTIAL DAMAGES ARISING FROM THE USE OF THESE DATA.

HASCOM Label

Product ID: 4456 ULTANE SEVOFLURANE
Cage: 33110
Company Name: ABBOTT LABORATORIES INC DIAGNOSTICS DIV
Street: 100 ABBOTT PARK RD
City: NORTH CHICAGO IL
Zipcode: 60064
Health Emergency Phone: 1-847-937-7970
Label Required IND: Y
Date Of Label Review: 04/19/2001
Status Code: A
Origination Code: G

Hazard And Precautions: THIS MATERIAL IS USED TO PRODUCE ANESTHESIA (SLEEP). TARGET ORGANS INCLUDE THE CENTRAL NERVOUS SYSTEM, RESPIRATORY SYSTEM, CARDIOVASCULAR SYSTEM & POSSIBLY THE FETUS.

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Sevoflurane, volatile liquid for inhalation

**DESCRIPTION**

ULTANE (sevoflurane), volatile liquid for inhalation, a nonflammable and nonexplosive liquid administered by vaporization, is a halogenated general inhalation anesthetic drug. Sevoflurane is fluoromethyl 2,2,2-trifluoro-1-(trifluoromethyl) ethyl ether and its structural formula is:

![Structural formula of sevoflurane]

**Sevoflurane, Physical Constants are:**

- **Molecular weight:** 200.05
- **Boiling point at 760 mm Hg:** 56.0°C
- **Specific gravity at 20°C:** 1.020 - 1.025
- **Vapor pressure in mm Hg:** 197 mm Hg at 20°C
  - 197 mm Hg at 25°C
  - 317 mm Hg at 30°C

**Distribution Partition Coefficients at 37°C:**

- **Blood/Gas:** 0.83 - 0.68
- **Water/Gas:** 0.36
- **Olive Oil/Gas:** 47 - 54
- **Brain/Gas:** 1.15

**Mean Component/Gas Partition Coefficients at 25°C for Polymers Used Commonly in Medical Applications:**

- **Conductive rubber:** 14.0
- **Butyl rubber:** 7.7
- **Polyvinylchloride:** 17.4
- **Polyethylene:** 1.3

Sevoflurane is nonflammable and nonexplosive as defined by the requirements of International Electrotechnical Commission 601-2-13.

Sevoflurane is a clear, colorless, liquid containing no additives. Sevoflurane is nonpungent. It is miscible with ethanol, ether, chloroform, and benzene, and it is slightly soluble in water. Sevoflurane is stable when stored under normal room lighting conditions according to instructions.

The only known degradation reaction in the clinical setting is through direct contact with CO₂ absorbents (soda lime and Baralyme®) producing pentakisfluoroisopropyl fluoromethyl ether (PFIFE, C₆H₂F₅O), also known as Compound A, and trace amounts of pentakisfluoromethoxy isopropyl fluoromethyl ether (PFMOFE, C₆H₄F₅O), also known as Compound B.

The production of degradants in the anesthesia circuit results from the extraction of the acidic proton in the presence of a strong base (KOH and/or NaOH) forming an alkene (Compound A) from sevoflurane similar to formation of 2-bromo-2-chloro-1,1-difluoro ethylene (BCDE) from halothane. Baralyme causes more production of Compound A than does soda lime. Laboratory simulations have shown that the concentration of these degradants is inversely correlated with the fresh gas flow rate (See Figure 1).
WARNINGS
Although data from controlled clinical studies at low flow rates are limited, findings taken from patient and animal studies suggest that there is a potential for renal injury which is presumed due to Compound A. Animal and human studies demonstrate that sevoflurane administered for more than 2 MAC-hours and at fresh gas flow rates of <2 L/min may be associated with proteinuria and glycosuria.

While a level of Compound A exposure at which clinical nephrotoxicity might be expected to occur has not been established, it is prudent to consider all of the factors leading to Compound A exposure in humans, especially duration of exposure, fresh gas flow rate, and concentration of sevoflurane. During sevoflurane anesthesia the clinician should adjust inspired concentration and fresh gas flow rate to minimize exposure to Compound A. To minimize exposure to Compound A, sevoflurane exposure should not exceed 2 MAC-hours at flow rates of 1 to <2 L/min. Fresh gas flow rates <1 L/min are not recommended.

Because clinical experience in administering sevoflurane to patients with renal insufficiency (creatinine >1.5 mg/dL) is limited, its safety in these patients has not been established.

Sevoflurane may be associated with glycosuria and proteinuria when used for long procedures at low flow rates. The safety of low flow sevoflurane on renal function was evaluated in patients with normal preoperative renal function. One study compared sevoflurane (N=98) to an active control (N=90) administered for ≥2 hours at a fresh gas flow rate of ≤1 Liter/minute. Per study defined criteria (Hou et al) one patient in the sevoflurane group developed elevations of creatinine, in addition to glycosuria and proteinuria. This patient received sevoflurane at fresh gas flow rates of <300 mL/minute. Using these same criteria, there were no patients in the active control group who developed treatment emergent elevations in serum creatinine.

Malignant Hyperthermia
In susceptible individuals, potent inhalation anesthetic agents, including sevoflurane, may trigger a skeletal muscle hypermetabolic state leading to high oxygen demand and the clinical syndrome known as malignant hyperthermia. In clinical trials, one case of malignant hyperthermia was reported. In genetically susceptible pigs, sevoflurane induced malignant hyperthermia. The clinical syndrome is signaled by hypercapnia, and may include muscle rigidity, tachycardia, tachypnea, cyanosis, arrhythmias, and/or unstable blood pressure. Some of these nonspecific signs may also appear during light anesthesia, acute hypoxia, hypercapnia, and hypervolemia.

Treatment of malignant hyperthermia includes discontinuation of triggering agents, administration of intravenous dantrolene sodium, and application of supportive therapy. (Consult prescribing information for dantrolene sodium intravenous for additional information on patient management.) Renal failure may appear later, and urine flow should be monitored and sustained if possible.

Sevoflurane may present an increased risk in patients with known sensitivity to volatile halogenated anesthetic agents.

PRECAUTIONS
During the maintenance of anesthesia, increasing the concentration of sevoflurane produces dose-dependent decreases in blood pressure. Due to sevoflurane's insolubility in blood, these hemodynamic changes may occur more rapidly than with other volatile anesthetics. Excessive decreases in blood pressure or respiratory depression may be related to depth of anesthesia and may be corrected by decreasing the inspired concentration of sevoflurane.

Rare cases of seizures have been reported in association with sevoflurane use (see PRECAUTIONS; Pediatric Use and ADVERSE REACTIONS).

The recovery from general anesthesia should be assessed carefully before a patient is discharged from the post-anesthesia care unit.

Drug Interactions
In clinical trials, no significant adverse reactions occurred with other drugs commonly used in the perioperative period, including: central nervous system depressants, autonomic drugs, skeletal muscle relaxants, anti-infective agents, hormones and synthetic substitutes, blood derivatives, and cardiovascular drugs.

Intravenous Anesthetics
Sevoflurane administration is compatible with barbiturates, propofol, and other commonly used intravenous anesthetics.

Benzodiazepines and Opioids
Benzodiazepines and opioids would be expected to decrease the MAC of sevoflurane in the same manner as with other inhalational anesthetics. Sevoflurane administration is compatible with benzodiazepines and opioids as commonly used in surgical practice.

Nitrous Oxide:
As with other halogenated volatile anesthetics, the anesthetic requirement for sevoflurane is decreased when administered in combination with nitrous oxide. Using 50% N2O, the MAC equivalent dose requirement is reduced approximately 50% in adults, and approximately 25% in pediatric patients (see DOSAGE AND ADMINISTRATION).

Neuromuscular Blocking Agents:
As is the case with other volatile anesthetics, sevoflurane increases both the intensity and duration of neuromuscular blockade induced by nondepolarizing muscle relaxants. When used to supplement alfentanil-N2O anesthesia, sevoflurane and isoflurane equally potentiate neuromuscular block induced by pancuronium, vecuronium or atracurium. Therefore, during sevoflurane anesthesia, the dosage adjustments for these muscle relaxants are similar to those required with isoflurane.

Potentiation of neuromuscular blocking agents requires equilibration of muscle with delivered partial pressure of sevoflurane. Reduced doses of neuromuscular blocking agents during induction of anesthesia may result in delayed onset of conditions suitable for endotracheal intubation or inadequate muscle relaxation. Among available nondepolarizing agents, only vecuronium, pancuronium and atracurium interactions have been studied during sevoflurane anesthesia. In the absence of specific guidelines:
1. For endotracheal intubation, do not reduce the dose of nondepolarizing muscle relaxants.
2. During maintenance of anesthesia, the required dose of nondepolarizing muscle relaxants is likely to be reduced compared to that during N2O/opioid anesthesia. Administration of supplemental doses of muscle relaxants should be guided by the response to nerve stimulation.

The effect of sevoflurane on the duration of depolarizing neuromuscular blockade induced by succinylcholine has not been studied.

Hepatic Function
Results of evaluations of laboratory parameters (e.g., ALT, AST, alkaline phosphatase, and total bilirubin, etc.), as well as investigator-reported incidents of adverse events relating to liver function, demonstrate that sevoflurane can be administered to patients with normal or mild-to-moderately impaired hepatic function. However, patients with severe hepatic dysfunction were not investigated.

Occasional cases of transient changes in postoperative hepatic function tests were reported with both sevoflurane and reference agents. Sevoflurane was found to be comparable to isoflurane with regard to these changes in hepatic function. Very rare cases of mild, moderate and severe post-operative hepatic dysfunction or hepatitis with or without jaundice have been reported from postmarketing....