* Anaesthetic Induction Critical for the safety both for the horse and the personnel, so smooth induction is essential
* Techniques to induce:
* Swing door
* Free fall
* Hydraulic table
* Most Common Anaesthetic Drug Combination for Induction
* Xylazine premedication and ketamine (±diazepam) Induction
* Ketamine administered alone without sedative premedication to the horse causes excitement
* Ketamine is injected 3-5 min after apparent xylazine induced sedation
* Ketamine is not used by IM injection in the conscious horse because the horse may be injured during the period of incoordination occurring while the drug is taking effect
* Biologic half-life of ketamine is 45 minutes in the horse, with 99% of a bolus dose eliminated in 4 hours. Recovery to consciousness is due to extensive extravascular distribution of the drug
* Induction of anaesthesia occurs about 60 seconds after ketamine injection. Horse falls to the ground characteristically with the forelimbs buckling and the hindlimbs straight. The person holding the horse’s head should exert steady backward pressure on the horse during loss of consciousness to make the horse sit on its hindquarters and not fall on its nose.
* Xylazine-ketamine anaesthesia is accompanied by strong muscle tone for the first 5 minutes, and usually nystagmus, a strong palpebral reflex, and pupillary dilation
* The duration of anaesthesia varies from 7 min to 20 min. Anaesthesia is often short in young horses and in Thoroughbreds.
* The horse is usually standing 30-40 minutes following a single administration of xylazine and ketamine.
* When animal knuckles following adequate dose (usually 50 mg/kg), a rapid bolus dose of 0.5 mg/kg ketamine IV or 2 mg/kg thiopental sodium is administered to provide smooth anaesthetic induction
* Anaesthesia can then be maintained either on inhalational agent or intravenous anaesthetics
* Can be mixed with thiopental sodium, ketamine or xylazine in the diluent

**Endotracheal Intubation**

* Relatively easy and carried out blindly.
* No forcing, but rather smooth fit
* Check the cuff for leaks but maintain clean tube
* Apply KY jelly at the outside of the tip end of the ETT using a gauze sponge or paper towel. This lubrication will facilitate the intubation.
* Modified PVC mouth gas is useful to facilitate the intubation Endotracheal tube sizes based on weight