ROCURONIUM

Drug Classification: Non-depolarizing neuromuscular blocking agent

BACKGROUND

Pharmacodynamics

This medication is an intermediate –acting non-depolarizing skeletal muscle relaxant, which is structurally similar to **vecuronium** and **pancuronium**. It demonstrates negligible histamine release, and therefore has minimal direct effect on the cardiovascular system. It inhibits neuromuscular transmission by competitive binding with acetylcholine to motor endplate receptors. Onset is less than 1 minute; peak effect is 3-5 minutes with duration of 25-40 minutes.

Indications

- As a first line paralytic for DFAM if **succinylcholine (Anectine)** is contraindicated **and rocuronium** is not contraindicated.
- To maintain neuromuscular blockade and skeletal muscle paralysis after intubation.

Contraindications

- Known hypersensitivity to this medication or other neuromuscular blocking agents.
- Status seizure[1]
- Suspected stroke[1]
- Head trauma[1]

Cautions

- This medication has no analgesic or sedative effects. Benzodiazepines must be administered for sedation.

DOSAGE and ADMINISTRATION

ADULT	PEDIATRICS (less than 60 kg)
1. Administer 1mg/kg IV/IO push. 2. Repeat as needed.	1. Administer 1mg/kg IV/IO push. 2. Repeat as needed.

ADVERSE REACTIONS/SIDE EFFECTS

- Anaphylaxis, transient hypotension, bronchospasm, tachycardia, arrhythmia, increased pulmonary vascular resistance, malignant hyperthermia, hypertension

NOTES

[1] Do not administer a long-acting paralytic to a patient with a primary neurological complaint as it will prevent continuous monitoring of the patient's neurological status.

REFERENCE PROCEDURE: **7F1 Drug Facilitated Airway Management**