

NEUROMUSCULAR BLOCKADE

Cisatracurium (Nimbex) 100 mg/100 ml NS	<u>Loading Dose:</u> 100 mcg/kg <u>Usual Dose:</u> 2 mcg/kg/min continuous infusion <u>Max Dose:</u> 10 mcg/kg/min <u>Onset:</u> 2-3 minutes <u>Duration:</u> 30-40 minutes	Use caution in patients receiving of quinidine, digitalis, lasix, steroids, and with preexisting hyperkalemia, or other electrolyte imbalance.
Succinylcholine	<u>Usual dose:</u> 0.6 mg/kg IV (range: 0.3 — 1.1 mg/kg). <u>Onset:</u> 30-60 seconds <u>Duration:</u> 5-8 minutes	Use caution in patients receiving lasix, steroids, or aminoglycosides Indications: procedures of short duration such as endotracheal intubation.
Vecuronium (Norcuron) 100 mg/100 ml NS	<u>Loading dose:</u> 0.08-1 mg/kg <u>Usual dose:</u> 0.1 – 1.2 mcg/kg/min <u>Onset:</u> 2-3 minutes <u>Duration:</u> 25-40 minutes	Use extreme caution in patients with hepatic or renal impairment.
Rocuronium 250mg/250 ml NS	<u>Initial dose:</u> 10 mcg/kg/min <u>Usual dose:</u> 16-20 mcg/kg/min <u>Onset:</u> 1-3 minutes <u>Duration:</u> 15-85 minutes	Rocuronium can cause an increase in heart rate, but this is minimal at normal doses. Rocuronium produces little histamine release and no ganglion blockade, so hypotension and bronchospasm are not associated with its use.

NEUROMUSCULAR BLOCKADE Cont..

TOF should be used with all paralytics. Assess TOF with every dose change and every four hours unless otherwise ordered.

1. Ensure the order is in Epic, which includes sedation and paralytic medications and the paralytic goal, expressed in TOF (train-of-four).
2. Sedated prior to assessing for baseline. Assess baseline prior to giving drug.
3. The electrodes should be placed 3 to 5 cms apart. Proper site selections are the ulnar nerve, temporal nerve or post tibial nerve. The positive (red) lead is placed proximally and the negative (black) lead is placed distally to selected site.
4. Turn the stimulator on and select the lowest milliamps (10). Increase as needed to observe a response.
5. Press **TOF** (train-of-four). It will deliver a train of four pulses 0.5 seconds apart at the set milliamp. If there is no twitch observed, then increase the milliamps by 10 and repeat the TOF until a TOF 4/4 is observed. This is the patient's baseline.
6. Documentation is charted at TOF 0/4, 1/4, 2/4, 3/4, or 4/4 at the set number of milliamps delivered. For example: TOF 2/4 at 20 milliamps. Also document the selected site of the electrodes.

After the paralytic medication is started, the TOF should be 10 milliamps above the baseline.