

Guidelines for NON - CRITICAL CARE staff

Paralysing drugs

These drugs are used to help carry out safe procedures, such as intubation, but are also used to help facilitate effective mechanical ventilation in the very sick patient.

If administering a paralysing drug, you MUST ensure that the patient is ADEQUATELY SEDATED FIRST, to avoid paralysis without sedation, which will cause extreme distress to the patient.

BOLUS PARALYSIS: ROCURONIUM 10mg/ml (50mg/5ml vial)

- Used to facilitate intubation or for short term paralysis for CT/MRI or other procedure. May also be used before IV infusion of paralysis started, to observe effect on ventilation (ie: does it improve?)
- **Will paralyse respiratory muscles rapidly and cause APNOEA – if ventilated, change to MANDATORY MODE FIRST**

Draw up 5ml ROCURONIUM (50mg/5ml) No need to dilute

Once patient adequately sedated, can be given as bolus via CVC or large bore IV cannula

Patient will stop spontaneous breathing within 5-10seconds.
ENSURE MANDATORY MODE IS COMMENCED

- ROCURONIUM is best given via a CENTRAL vein, as it can cause irritation and swelling to smaller veins

MAJOR SIDE EFFECTS

- **Apnoea - ensure mechanical ventilation is a mandatory mode**
- **Hypotension – may require fluid bolus or increase in vasopressor (noradrenaline) or bolus metaraminol to offset low BP**
- **Tachycardia – observe cardiac monitoring**
- **Bronchospasm – observe for wheeze or alteration in ventilation, may require a bronchodilator**

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INFUSION PARALYSIS: CISATRACURIUM 2mgs/ml (20mg/10ml ampoule)

- Used to facilitate effective mechanical ventilation when patient very sick.
- Dose range 1-3mcg/kg/min
- **Will paralyse respiratory muscles rapidly and cause APNOEA – if ventilated, change to MANDATORY MODE FIRST**

Draw up 40ml of
CISTRACURIUM
(80mg/40ml). Not diluted.
CONCENTRATION =
2mg/ml

Prime giving set with
drug and set up in
syringe driver: set VTBI
& rate. Carry out
mechanical PURGE
before attaching.

Attach to CVC via
connector. Set rate to
infuse - usually start at
1ml/hr and titrate up
(under advice from
senior ICU colleague)

Patient will stop
spontaneous breathing
within 5-10seconds.
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MODE IS COMMENCED

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MAJOR SIDE EFFECTS

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