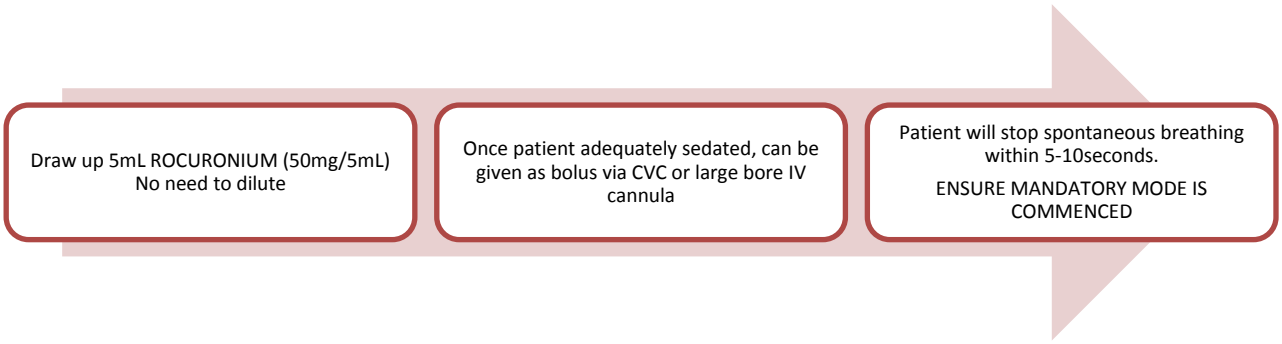
Guidelines for NON - CRITICAL CARE staff
Paralysing drugs

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 (see SEDATIVES flashcard). Please note all dose ranges provide a minimum and maximum range for reference only. Plan for initiation and titration range will be as per the ICU clinician or Anaesthetist.

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. If self-ventilating, anaesthetic doctor MUST hand ventilate the patient**



- 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 (see VASOACTIVES flashcard)**
- **Tachycardia – observe cardiac monitoring**
- **Bronchospasm – observe for wheeze or alteration in ventilation, may require a bronchodilator as per ITU Clinician or Anaesthetist prescription**

CONTACT ICU CLINICIAN OR ANAESTHETIST IF ANY OF THESE OCCUR

Authors: EBL/AK June 2020. Approved by MGG July 2020. Review July 2022

Guidelines for NON - CRITICAL CARE staff

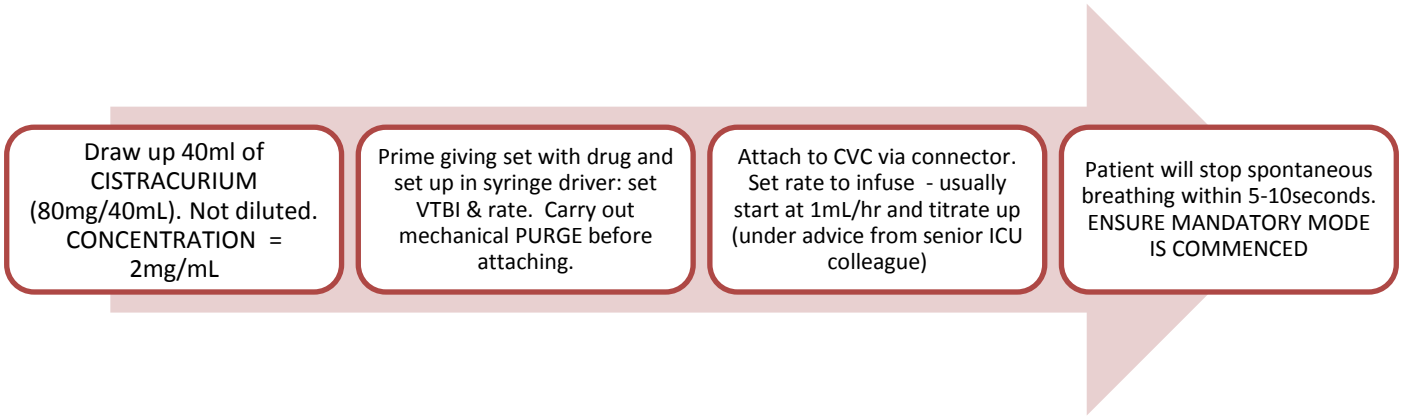
Paralysing drugs

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.
Please note if any of the side effects listed are observed then contact a senior member of the ITU team for further advice.

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 (see SEDATIVES flashcard).

INFUSION PARALYSIS: CISATRACURIUM 2mg/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. If self-ventilating, anaesthetic doctor MUST hand ventilate the patient.**



- CISATRACURIUM 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 (see VASOACTIVES flashcard)**
- **Tachycardia – observe cardiac monitoring**
- **Bronchospasm – observe for wheeze or alteration in ventilation, may require a bronchodilator as per ITU Clinician or Anaesthetist prescription**

CONTACT ICU CLINICIAN OR ANAESTHETIST IF ANY OF THESE OCCUR

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