

BSUH ICU

Neuromuscular blockade (paralysis)

FOR NON-NEURO ICU USE

(Peripheral nerve stimulation/Train of Four monitoring)

Paralysis may be considered if mechanical ventilation/blood gases are difficult to control despite full sedation

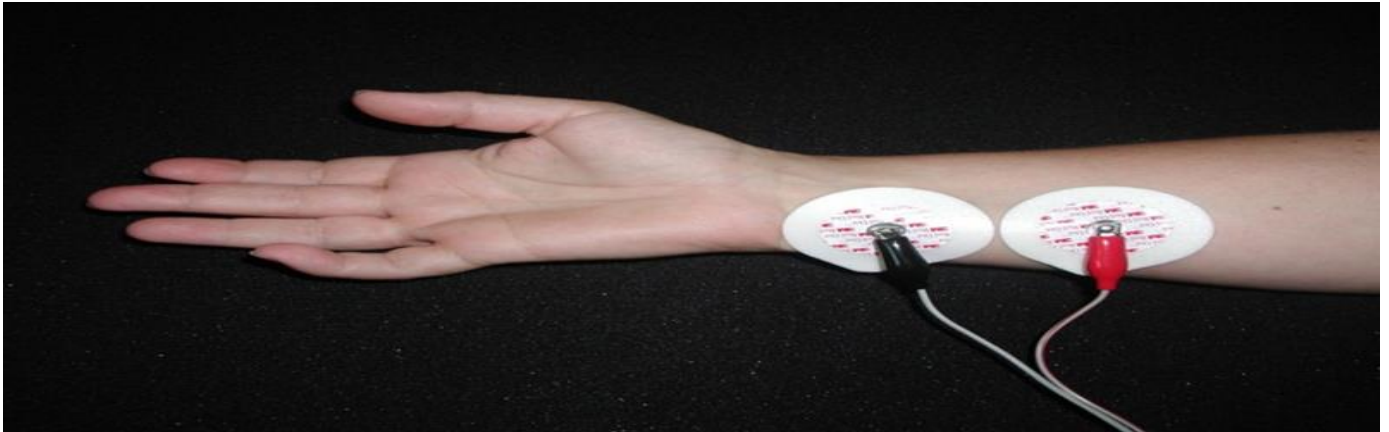
- BIS monitoring must be in place to ensure adequate sedation & analgesia prior to paralysis being started. Aim BIS 20-30.
Sedation/analgesia must be optimised FIRST
- A peripheral nerve stimulator (PNS) must be used when administering paralysis, to check adequacy of paralysis
- The peripheral nerve stimulator (PNS) delivers 4 pulses over 2 seconds (train of four). The use of a PNS minimises the complication of prolonged paralysis by monitoring the degree of neuromuscular blockade. You are looking for thumb twitching.
- The electrodes are attached as shown in the diagram – along the ULNAR nerve

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NB: for NON-NEURO patients, dose titration guidelines are for *guidance only* – bedside nurse must seek advice from Intensivist before changing doses or bolusing paralysis



0 twitches	Reduce infusion by 20% increments until 1-2 twitches achieved.
1 – 2 twitches	Maintain present infusion rate
3 twitches	Reload with 50% of loading dose; increase infusion rate by 50%
4 twitches	Reload with 100% of loading dose; increase infusion rate by 100%

NB: peripheral nerve stimulation should be checked ***before*** paralysis is commenced – to determine to lowest amount of mA needed to elicit 4 twitches ***without paralysis***. This level of mA is then used during paralysis administration to assess thumb twitching