

UHS RSCH ICU Neurosurgical Prompt Cards

Neuromuscular blockade (paralysis) monitoring (*Peripheral nerve stimulation/Train of Four monitoring*)

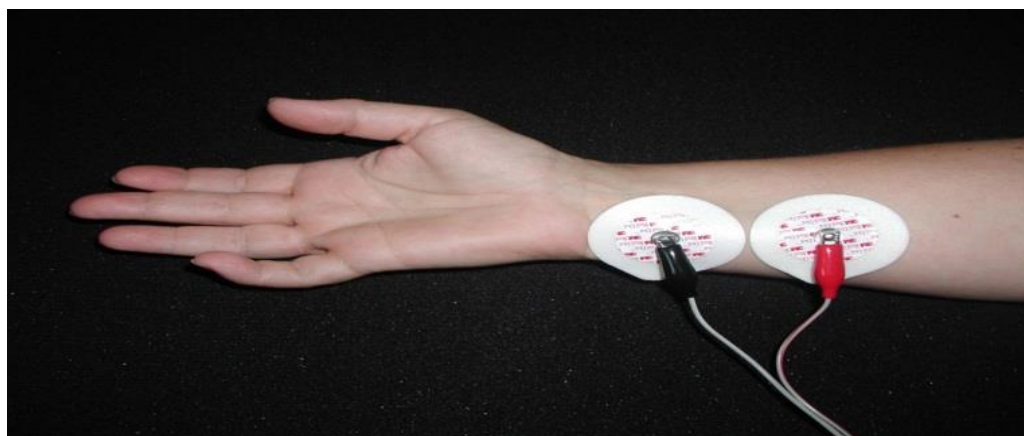
Paralysis should be considered as a Tier 2 therapy if ICP above target or PbtO₂ below target (as per flowchart)

- BIS monitoring must be in place to ensure adequate sedation & analgesia prior to paralysis being started. Aim BIS 20-30.
- A peripheral nerve stimulator (PNS) must be used when administering paralysis, to check adequacy of paralysis by looking for thumb twitching
- **NB: peripheral nerve stimulation should ideally 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.**
- **Availability of PNS should not delay commencement 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.

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Neuromuscular blockade (paralysis)

- The electrodes are attached as shown in the diagram – along the ULNAR nerve



0 twitches	Reduce infusion by 20% increments until 1-2 twitches achieved.
1 – 2 twitches	Maintain present infusion rate
3 twitches	Reload with 75mcg/kg & increase infusion rate by 50%
4 twitches	Reload with 150 mcg/kg & increase infusion rate by 100%