

**CLASS: A**

**PROTOCOL(S) USED IN:** Endotracheal Intubation RSI

**PHARMACOLOGY AND ACTIONS:**

- A. Short acting depolarizing skeletal muscle relaxant.
- B. Binds to cholinergic receptors in the motor neuron endplate to cause muscle depolarization (fasciculations) followed by paralysis.
- C. Complete paralysis occurs with 1 minute; recovery usually seen within 4-6 minutes.
- D. Has no effect on consciousness or pain threshold.

**INDICATIONS:**

Paralysis to facilitate rapid sequence intubation

**CONTRAINDICATIONS:**

- A. Acute narrow angle glaucoma
- B. Penetrating eye injuries
- C. Burns or crush injuries > 12-24 hours
- D. Avoid in patients with kidney failure, diagnosed or family history of neuromuscular disease or skeletal muscle myopathy such as Duchenne's Muscular Dystrophy.

**SIDE EFFECTS AND NOTES:**

- A. May cause malignant hyperthermia, ventricular dysrhythmias, bradycardia in pediatrics, hyperkalemia, hypotension, increased intraocular pressure and ICP.
- B. Histamine release may occur.
- C. Bradycardia is usually seen in patients under 5 years old and will generally respond to oxygenation and atropine.
- D. Ventricular dysrhythmias may be treated with oxygenation.

**ADULT DOSING:**

**1.5 mg/kg IV/IO**; a second equal dose may be given if paralysis is not achieved within 60-120 seconds of initial administration.

**PEDIATRIC DOSING:**

**2 mg/kg IV/IO** depending on age.