SUXAMETHONIUM (A)
(Revised: January 2014)

TYPE: Depolarising muscle relaxant [S4]

PRESENTATION: Ampoules – 100 mg/2ml

ACTION: Acts like the neurotransmitter Acetylcholine at the neuromuscular junction. Persists for a period long enough to exhaust the motor endplate by prolonged depolarisation.

Onset: IV: approx. 45 seconds
Duration: IV: 5 – 7 minutes

USE: To facilitate airway management in selected patients.

ADVERSE EFFECTS: Bradycardia
Potassium release
Increased intra-ocular & intragastric pressure
Occasionally prolonged paralysis
Has been associated with malignant hyperthermia

CONTRAINDICATIONS: Previous reaction to Suxamethonium
Suspected hyperkalaemia
Use in children

PRECAUTIONS: Elderly patients
Neuromuscular disease
Hypothermic patient
Fitting patient
Patient with reversible pathology

Select patients carefully; always have a fallback position!

DOSE: 1.5 mg/kg IV; over 30 – 60 seconds
(to a max of 150mg)

SPECIAL NOTES:
To be used only following completion of the ACTAS designated training programme.
If heart rate less than 50, consider Atropine prior to Suxamethonium
Suxamethonium may cause bradycardia, if patient is bradycardic once ETT is tied in, consider a dose of Atropine.

( Bradycardia maybe a result of a head injury and raised ICP - thus BP will be elevated. In this case there is no requirement for Atropine regardless of the degree of bradycardia).

Prior to administration, give IV Ketamine 1mg/kg, over 30 -60 seconds.

Follow up with additional Ketamine, 20 mg increments after intubation.