

SUXAMETHONIUM (A)

(Revised: January 2014)



TYPE:	Depolarising muscle relaxant [S4]
PRESENTATION:	100mg in 2ml – plastic ampoule
ACTION:	<p>Acts like the neurotransmitter acetylcholine at the neuromuscular junction. Persists for a period long enough to exhaust the motor endplate by prolonged depolarisation.</p> <p>Onset IV: approx 45 seconds. Duration IV: 5 – 7 minutes.</p>
USE:	ICP To facilitate airway management in selected patients
ADVERSE EFFECTS:	<ol style="list-style-type: none">1. Bradycardia2. Potassium release3. Increased intraocular and intragastric pressure4. Occasionally, prolonged paralysis5. Has been associated with malignant hyperthermia
CONTRA-INDICATIONS:	<ol style="list-style-type: none">1. Previous reaction to suxamethonium2. Suspected hyperkalaemia3. Use in children
PRECAUTIONS:	<ol style="list-style-type: none">1. Elderly patient2. Neuromuscular disease3. Hypothermic patient4. Fitting patient5. Patient with reversible pathology <p>Select patients carefully – always have a fallback position!</p>

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SUXAMETHONIUM (A) – cont.



DOSE:

ADULT:

ICP	1.5mg/kg IV – over 30 – 60 seconds (to a maximum of 150mg)	
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PAEDIATRIC:

	Not used	
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SPECIAL NOTES:

- To be used *only* following completion of the ACTAS designated training programme.
- If heart rate less than 50/minute, consider atropine prior to suxamethonium.
- Suxamethonium may cause bradycardia. If patient is bradycardic once ETT is tied in, consider a dose of atropine.
- (NOTE: Bradycardia may be 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 (1mg/kg doses IV at 1 – 5 minute intervals) after intubation.