

SUXAMETHONIUM (A)

(Revised: January 2014)



TYPE:		Depolarising muscle relaxant [S4]	
PRESENTATION:		100mg in 2ml – plastic ampoule	
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:		ICP	To facilitate airway management in selected patients
ADVERSE EFFECTS:		1. Bradycardia 2. Potassium release 3. Increased intraocular and intragastric pressure 4. Occasionally, prolonged paralysis 5. Has been associated with malignant hyperthermia	
CONTRA-INDICATIONS:		1. Previous reaction to suxamethonium 2. Suspected hyperkalaemia 3. Use in children	
PRECAUTIONS:		1. Elderly patient 2. Neuromuscular disease 3. Hypothermic patient 4. Fitting patient 5. Patient with reversible pathology Select patients carefully – always have a fallback position!	
DOSES:			
ADULT:			
ICP	1.5mg/kg IV – over 30 – 60 seconds (to a maximum of 150mg)		
PAEDIATRIC:			
	Not used		

continues over

**Suxamethonium Dose Table***This dose table applies to Suxamethonium 100mg in 2mls*

Weight (kg)	Dose (mg)	Volume (mls)
40	60	1.2
50	75	1.5
60	90	1.8
70	105	2.1
80	120	2.4
90	135	2.7
100	150	3
Maximum dose 150mg		

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).