

# SUXAMETHONIUM (A)

(Revised: January 2014)



<b>TYPE:</b>	Depolarising muscle relaxant [S4]
<b>PRESENTATION:</b>	100mg in 2ml – plastic ampoule
<b>ACTION:</b>	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.
<b>USE:</b>	<b>ICP</b> To facilitate airway management in selected patients
<b>ADVERSE EFFECTS:</b>	<ol style="list-style-type: none"><li>1. Bradycardia</li><li>2. Potassium release</li><li>3. Increased intraocular and intragastric pressure</li><li>4. Occasionally, prolonged paralysis</li><li>5. Has been associated with malignant hyperthermia</li></ol>
<b>CONTRA-INDICATIONS:</b>	<ol style="list-style-type: none"><li>1. Previous reaction to suxamethonium</li><li>2. Suspected hyperkalaemia</li><li>3. Use in children</li></ol>
<b>PRECAUTIONS:</b>	<ol style="list-style-type: none"><li>1. Elderly patient</li><li>2. Neuromuscular disease</li><li>3. Hypothermic patient</li><li>4. Fitting patient</li><li>5. Patient with reversible pathology</li></ol> <p>Select patients carefully – always have a fallback position!</p>

**continues over**

## 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.