

MICU Treatment Protocols

Paralytics: Non-Depolarizing Neuromuscular Blockers (NDMB)

Patients who are on non-depolarizing neuromuscular blockers (NDMB-s) initiated at the sending facility may be transported by MICU paramedics. Recurrent bolus or drip administration as ordered by the sending facility may be continued during transport.

Indications: Muscular paralysis, either for pre-intubation induction or continued paralysis of intubated patients.

Adverse Effects: Duration of action of pancuronium and vecuronium will be extended in patients with hepatic or renal disease. NDMB effects will also be potentiated with hypothermia, dehydration, respiratory acidosis, hypokalemia. Effects of NDMB-s will be decreased in the presence of respiratory alkalosis and decreased peripheral perfusion.

Administration:

	<u>Adult</u>	<u>Pediatric</u>
Vecuronium:	0.1-0.15 mg/kg IV	same
Pancuronium:	0.1 mg/kg IV	same
Atracurium:	0.5 mg/kg IV (age > 2)	0.3-0.4 mg/kg IV (age < 2)
Rocuronium:	0.6-1.2 mg/kg IV	N/A

MICU Directives:

1. NDMB-s will be used only on intubated patients.
2. Assess frequently for correct tube position and adequate ventilation. Continuous pulse oximetry and CO2 detection is mandatory.
3. Monitor vital signs every 10 minutes.
4. Assess need for additional sedation or redosage of NDMB frequently.
5. Redose as indicated.

RSI cleared MICU paramedics may use the RSI procedure as outlined in Protocol II-1 (Emergency Airway Techniques) for medical and trauma patients, as needed).

MCA Approved	05/01			
Implement	05/01			