

 University Health™	POLICY#: 2.7
SUBJECT: High Risk – Neuromuscular Blocking Agents	Effective: 10/01/13
APPROVED BY: Pharmacy and Therapeutics Committee	Page 1 of 2

Purpose: To provide guidelines for the administration of Neuromuscular Blocking Agents (NMBs) in patients requiring paralysis.

Prescribing:

1. Paralysis to facilitate intubation; rapid sequence intubation
2. Adjunct to general anesthesia
3. Facilitate mechanical ventilation
4. Other (i.e. increased intracranial pressure)
5. The physician shall document the type of neuromuscular blockade. Physician's orders will include the drug, IV route, and administration schedule (bolus injection, continuous infusion or PRN movement).

Restrictions:

1. Emergency Department
2. Intensive Care Units
3. Operating Rooms
4. Emergent use in code situations

Dispensing:

1. NMBs will be maintained on automated dispensing cabinets, in crash carts, and within the pharmacy

Administration:

1. IV administration only.
2. Continuous infusions must have defined titration parameters
3. Eye care must be provided to patients on NMBs
4. Adequate sedation must be maintained in patients on NMBs
5. NMBs may be withheld every 24 hours so that neurological assessment may be performed.
6. Tight glycemic control may be ordered to assist in the prevention of myopathy of critical illness.

Monitoring:

1. BP, HR
2. Blood gasses, respiration rate, when appropriate
3. Peripheral nerve stimulation, muscle twitching
4. "Train-of-Four" (at least two out of four)

Adverse Effects:

1. Anaphylaxis, hypersensitivity
2. Prolonged neuromuscular blockade/recovery; acute quadriplegic myopathy syndrome
3. Brochospasm
4. Hypertension or hypotension,
5. Increased pulmonary vascular resistance

References:

1. DrugDex. Micromedex 2.0.
2. ASHP and SCCM. Clinical Practice Guidelines for Sustained Neuromuscular Blockade in the Adult Critically Ill Patient. ASHP Therapeutic Guidelines. 2002. <http://www.ashp.org/DocLibrary/BestPractices/TGNMB.aspx>