

SCOPE: ALS, CCT	
MEDICATION:	ROCURONIUM BROMIDE (Zemuron)
INTERVENTION :	<p><u>Classification:</u> Non-depolarizing neuromuscular blocking agent</p> <p><u>Actions:</u> Neuromuscular blocking agent (NMBA) with competitive binding to the ACH receptors resulting in the absence of fasciculations; inhibits transmission of nerve impulses by binding with cholinergic receptors sites, antagonizing action of acetylcholine</p> <p><u>Contraindications:</u></p> <ul style="list-style-type: none"> • Hypersensitivity <p><u>Precautions:</u></p> <ul style="list-style-type: none"> • Rocuronium may be associated with increased pulmonary vascular resistance; Caution should be used patients with pulmonary hypertension or valvular heart disease <p><u>Dosage:</u></p> <p>I. <u>RSI Paralytic:</u></p> <ol style="list-style-type: none"> a. Adult/Pediatric: <ol style="list-style-type: none"> i. IV/IO: 1.5 mg/kg <p>II. <u>Continued Paralysis (Intubated):</u></p> <ol style="list-style-type: none"> a. Adult/Pediatric: <ol style="list-style-type: none"> i. IV/IO: 0.1-0.2 mg/kg PRN <p><u>Onset of Action:</u> 1-2 minutes</p> <p><u>Duration:</u> 30-45 minutes</p> <p><u>Adverse Effects:</u> Minimal reported, however with small frequency: bradycardia, tachycardia</p> <p><u>Special Considerations:</u></p> <ol style="list-style-type: none"> I. In RSI, care must be taken to prepare for the inevitable assuring a backup plan is at the ready II. Rocuronium has a longer duration of action than all ASL induction agents therefore post intubation management follow up for pain and anxiolysis management is a priority

If this is a patient care policy, the information contained herein is used to provide guidance in the care of patients, but should not, and does not replace or preclude the use of clinical judgment.

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Originator:	Original Date:
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