

Neonatal Drug Guideline**SUXAMETHONIUM**

(Succinylcholine)

DESCRIPTION AND INDICATION FOR USE

Suxamethonium is an ultra-short-acting depolarising-type neuromuscular blocking agent that mimics acetylcholine. It is used to induce skeletal muscle relaxation for procedures requiring only brief paralysis or muscle relaxation, such as endotracheal intubation.

Onset of effect after IV administration is approximately 30 to 60 seconds, and lasts for 4 to 6 minutes.

DOSE

Skeletal muscle relaxation for endotracheal intubation

IV: 1 to 3 mg/kg/dose, repeat when required

RECONSTITUTION/DILUTION

Ampoule = 100mg in 2 mL (50 mg/mL) (NB: STORED IN REFRIGERATOR)

IV: No dilution necessary

Not for subcut use.

ROUTE AND METHOD OF ADMINISTRATION

TO BE ADMINISTERED BY EXPERIENCED PAEDIATRIC OR ANAESTHETIC STAFF SKILLED IN ADVANCED AIRWAY MANAGEMENT OF A PARALYSED NEONATE

IV: Give as a single dose over 10 to 30 seconds. Flush immediately with a sufficient volume of 0.9% sodium chloride to ensure the dose is administered to the patient (and not still contained in the line).

COMPATIBILITY INFORMATION

Please contact your clinical pharmacist for information on drugs or fluids not appearing in the table below. Medications that are not routinely used in the Special Care Nursery have not been included in this table and may be incompatible.

	Compatible	Incompatible
Fluids	Dextrose 5%, Dextrose 10%, Sodium chloride 0.9%	
Drugs	Heparin, morphine, noradrenaline	Phenobarbitone, sodium bicarbonate

SIDE EFFECTS

- Bradycardia/tachycardia, arrhythmias, hyper/hypotension
- Prolonged respiratory depression, apnoea, bronchospasm, pulmonary oedema
- Hyperthermia
- Hyperkalaemia

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SPECIAL PRECAUTIONS

- Use with caution in patients with hyperkalaemia, AVOID in patients with severe hyperkalaemia
- Patients with hypokalaemia or hypocalcaemia may require reduced doses of suxamethonium

DRUG INTERACTIONS

Aminoglycosides (e.g. gentamicin), beta-blockers, phenytoin

May enhance or prolong the effects of suxamethonium

Pancuronium

Administration prior to or with suxamethonium can alter the intensity and/or duration of neuromuscular blockade

Medicines causing electrolyte disturbance

Amphotericin, diuretics – may increase suxamethonium effects due to electrolyte imbalance

Digoxin – may increase risk of arrhythmias due to serum potassium concentration changes

NURSING RESPONSIBILITIES

- Ensure intubation and suction equipment are available and ready
- Observations/Monitoring:
 - Cardio-respiratory monitoring
 - Monitor blood pressure
 - Serum potassium may need to be monitored when repeated doses are required as suxamethonium may cause hyperkalaemia
- Unopened ampoules are stable for 3 months if stored at room temperature