vecuronium

4mg injection

Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

This is a High Risk Medication ⚠

Only muscle relax a neonate if confident that the airway can be maintained and hand ventilation provided.

Dose and Indications

For muscle paralysis in ventilated babies and for intubation

Intravenous

0.1mg/kg

The dose may be repeated every 1 to 2 hours or as needed for paralysis

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vecuronium
4mg injection

Preparation and Administration

Intravenous

There are **TWO STEPS** to this process.

STEP ONE: Add 1mL of diluent provided (water for injection) to the vial and shake gently to dissolve (to a total volume of 1mL). The resulting solution contains 4mg/mL vecuronium.

STEP TWO: Further dilute 1mL of the 4mg/mL vecuronium solution with 3mL of compatible fluid (to a total volume of 4mL). The resulting solution contains 1mg/mL vecuronium.

Dose	0.1mg	0.15mg	0.2mg	0.25mg	0.3mg	0.35mg
Volume	0.1mL	0.15mL	0.2mL	0.25mL	0.3mL	0.35mL

Administer as a push over at least 3 minutes

Discard remaining solution

Compatible Fluids

Glucose 5%, glucose/sodium chloride solutions, sodium chloride 0.9%

Adverse Effects

Common

Prolonged paralysis

Note: Hypoxaemia may occur because of inadequate mechanical ventilation and deterioration in pulmonary mechanics

Infrequent

Tachycardia and hypotension (particularly when used in combination with opioids)

Rare

Anaphylactic reactions

Monitoring

- Cardiorespiratory and pulse oximetry monitoring are mandatory. Close monitoring of blood pressure (invasive or non-invasive) is desirable.

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Practice Points

- Onset of action is 1 to 2 minutes; duration of action is approximately 60 minutes for infants but may be longer in neonates especially preterm
- Use only if patient is on assisted ventilation
- When used for intubation, ensure that an airway can be secured before paralysis
- Provide eye protection as needed and instil lubricating eye drops every 2 hours
- Use cautiously in neonates with hepatic or renal impairment and in neonates with fluid and electrolyte imbalance
- Vecuronium produces less tachycardia and hypotension when compared with pancuronium
- The neuromuscular blockade of vecuronium is of shorter duration than that of pancuronium.

Version control and change history

PDS reference: OCE use only

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version

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