South Australian Neonatal Medication Guidelines

# pancuronium

## 2mg/mL 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

### Skeletal muscle paralysis in patients with assisted ventilation

**Intravenous**

0.05 to 0.1mg/kg

Repeat one to two hourly if needed.

Adjust dose as needed based on duration of paralysis

## Preparation and Administration

**Intravenous**

Dilute 1mL of the 2mg/mL pancuronium solution with 1mL of compatible fluid (to a total volume of 2mL). The resulting solution contains 1mg/mL pancuronium.

| 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 rapid intravenous push over at least 1 minute

Discard remaining solution

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Government of South Australia
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## Compatible Fluids

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

## Adverse Effects

**Common**

Hypertension, tachycardia, prolonged paralysis

**Rare**

Anaphylactic reactions

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

## Monitoring

- Vital signs regularly
- Blood pressure continuously

## Practice Points

- Usually pancuronium is stored in the refrigerator. However, it is stable at room temperature for 6 months
- Use only if patient is on assisted ventilation.
- Provide eye protection as needed and instil lubricating eye drops every 2 hours
- To reverse the affects of pancuronium; use neostigmine with atropine
- The manufacturer recommends that pancuronium bromide not be mixed with other drugs in a syringe as possible changes in pH may result in precipitation.

## 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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