This is a High Risk Medication⚠️

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

pancuronium
2mg/mL injection

Dose and Indications

Skeletal muscle paralysis in patients with assisted ventilation

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

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

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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