SUXAMETHONIUM (A)

(Revised: January 2014)

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PRESENTATION: 100mg in 2ml – plastic ampoule ACTION: Acts like the neurotransmitter acetylcholine at the neuromuscular junction. Persists for a period long enough to exhaust the motor endplate by prolonged depolarisation. Onset IV: approx 45 seconds. Duration IV: 5 – 7 minutes. USE: ICP To facilitate airway management in selected patients ADVERSE EFFECTS: 1. Bradycardia 2. Potassium release 3. Increased intraocular and intragastric pressure 4. Occasionally, prolonged paralysis 5. Has been associated with malignant hyperthermia 1. Previous reaction to suxamethonium		
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Select patients carefully – always have a fallback position!		5. Patient with reversible pathology
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SUXAMETHONIUM (A) – cont.



DOSE:

ADULT:

PAEDIATRIC:

Not used

SPECIAL NOTES:

- To be used *only* following completion of the ACTAS designated training programme.
- If heart rate less than 50/minute, consider atropine prior to suxamethonium.
- Suxamethonium may cause bradycardia. If patient is bradycardic once ETT is tied in, consider a dose of atropine.
- (NOTE: Bradycardia may be a result of a head injury and raised ICP thus, BP will be elevated. In this case there is no requirement for atropine regardless of the degree of bradycardia).
- Prior to administration, give IV ketamine 1mg/kg, over 30 60 seconds.
- Follow up with additional ketamine (1mg/kg doses IV at 1 5 minute intervals) after intubation.