VECURONIUM BROMIDE (NORCURON)

PHARMACOLOGY & MECHANISM OF ACTIONS:

- Nondepolarizing neuromuscular blocking agent
- There are no fasciculations with this drug or the potential for large rises in serum potassium.
- Vecuronium facilitates ongoing airway management efforts by competing with cholinergic receptors at the motor end plate, which provides skeletal muscle relaxation/paralysis.
- When administered in the context of advanced airway management, Vecuronium can be expected to produce adequate paralysis in 1-2 minutes (maximum of 4 minutes). The paralysis may last up to one hour.
- No analgesic properties.

INDICATIONS:

- To provide paralysis (paralyzing dose) for rapid sequence intubation if succinylcholine is contraindicated.
- To maintain paralysis (maintenance dose) after intubation after adequate sedation is provided for transports greater than 15 minutes.
- To relieve isolated masseter muscle spasm due to succinylcholine.

CONTRAINDICATIONS:

- Allergy to Vecuronium
- Patients < 20 kg

ADMINISTRATION:

*Vecuronium (powder form) comes packaged in a vial containing 10mg of Vecuronium. It must be reconstituted using 10mL of sterile sodium chloride, rendering a concentration of 1.0mg/mL of Vecuronium.*

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<th>ADULT</th>
<th>PEDIATRIC</th>
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<td>10mg IV repeat pm</td>
<td>0.1mg/kg IV/IO for patients weighing ≥ 20 kg.</td>
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PRECAUTIONS & SIDE EFFECTS:

- Apnea
- Bradycardia
- Tachycardia
- Hypotension

SPECIAL NOTES:

- Pregnancy Category C.
- Conditions associated with slower circulation time in cardiovascular disease, old age, edematous states resulting in increased volume of distribution may contribute to delay in onset time; therefore dosage should not be increased.
If administered to patients with preexisting neuromuscular disease, even small doses may have profound effects.

If a patient cannot be intubated, they will remain paralyzed for up to one hour and will require airway maintenance by another means, and BVM ventilation.

Reminder: While under the influence of Vecuronium, patients will not be responsive but they could still be conscious. Maintain sedation at appropriate intervals to keep the patient from noticing their temporary paralysis.