

VECURONIUM

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| Indication | <ul style="list-style-type: none"> • Adjunct to general anaesthesia for surgical procedures¹ • Achieve or maintain paralysis during intubation/ventilation² |
| INTRAVENOUS | Presentation <ul style="list-style-type: none"> • Vial 10 mg (powder) |
| | Dosage (injection) <ul style="list-style-type: none"> • 0.1 mg/kg (100 microgram/kg) prn² <ul style="list-style-type: none"> ○ Titrate according to response² ○ Usual repeat dose 0.03–0.15 mg/kg (30–150 microgram/kg) every 1 to 2 hours² |
| | Dosage³ (infusion) <ul style="list-style-type: none"> • 1 microgram/kg/minute (0.5–2 microgram/kg/minute⁴) <ul style="list-style-type: none"> ○ Titrate according to response³ |
| | Preparation (injection) <ul style="list-style-type: none"> • Add 5 mL water for injection to 10 mg vial⁵ • Draw up vial contents and make up to 10 mL total volume with 0.9% sodium chloride⁵ <ul style="list-style-type: none"> ○ <i>Concentration now equal to 1 mg/mL (1000 microgram/mL)</i> |
| | Preparation (infusion) <ul style="list-style-type: none"> • Prepare a 1 mg/mL (1000 microgram/mL) solution as for IV injection preparation above • Draw up 3 mg/kg (3 mL/kg) from the 1 mg/mL solution and make up to 50 mL total volume with 0.9% sodium chloride <ul style="list-style-type: none"> ○ <i>Concentration now equal to 0.06 mg/kg/mL (60 microgram/kg/mL)</i> |
| | Administration <ul style="list-style-type: none"> • IV injection <ul style="list-style-type: none"> ○ Draw up prescribed dose from 1 mg/mL solution (1000 microgram/mL) ○ IV injection over 5–10 seconds² • IV infusion <ul style="list-style-type: none"> ○ 60 microgram/kg/mL solution administered at 1 mL/hour is equal to 1 microgram/kg/minute |
| Special considerations | <ul style="list-style-type: none"> • For use immediately pre-intubation or ventilated baby only • Action potentiated by acidosis, hypothermia, hepatic disease, aminoglycosides, hypokalaemia and renal failure³ • Sensation remains intact; use analgesia for painful procedures² • Cautions: <ul style="list-style-type: none"> ○ Neuromuscular diseases (e.g. dystrophia myotonica)³ ○ Prior administration of suxamethonium shortens onset and may increase depth of blockade—reduce dose and give vecuronium only after recovery from suxamethonium-induced neuromuscular blockade³ |
| Monitoring | <ul style="list-style-type: none"> • Cardiorespiratory², continuous BP² • Intubation equipment immediately available and ready for use⁵ • Neuromuscular function as prolonged potency and duration of action have been observed² • Use eye lubrication² |
| Compatibility | <ul style="list-style-type: none"> • Fluids <ul style="list-style-type: none"> ○ 5% glucose⁵, 0.9% sodium chloride⁵ • Drugs <ul style="list-style-type: none"> ○ Do not mix with other drugs⁵ • Y-site <ul style="list-style-type: none"> ○ Amiodarone⁵, cefazolin⁵, ceftolozane-tazobactam⁵, dexmedetomidine⁵, esmolol⁵, fentanyl⁵, fluconazole⁵, gentamicin⁵, glyceryl trinitrate⁵, heparin sodium⁵, hydrocortisone⁵, isoprenaline⁵, linezolid⁵, midazolam⁵, milrinone⁵, morphine sulfate⁵, ranitidine⁵, sodium nitroprusside⁵, trimethoprim-sulfamethoxazole⁵, vancomycin⁵ |
| Incompatibility | <ul style="list-style-type: none"> • Fluids <ul style="list-style-type: none"> ○ No information⁵ • Drugs <ul style="list-style-type: none"> ○ Aciclovir⁵, cefepime⁵, cefotaxime⁵, frusemide (furosemide)⁵, ganciclovir⁵, imipenem-cilastatin⁵, methylprednisolone⁵, piperacillin-tazobactam⁵ |
| Interactions | <ul style="list-style-type: none"> • Nil significant |



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| Stability | <ul style="list-style-type: none"> • Vial <ul style="list-style-type: none"> ◦ Store below 25 °C. Protect from light⁶ • Reconstituted 1 mg/mL solution (if on-going bolus doses required) <ul style="list-style-type: none"> ◦ Store at 2–8 °C and use within 24 hours⁵ |
| Side effects | <ul style="list-style-type: none"> • Circulatory: hypotension, bradycardia with concurrent narcotic use² • Integumentary: hypersensitivity, flushing and skin reactions⁷ • Musculo-skeletal: extension of action beyond that required for surgery or anaesthesia or inadequate reversal of neuromuscular blockade³ |
| Actions | <ul style="list-style-type: none"> • Non-depolarising muscle-relaxant that competitively antagonises autonomic cholinergic receptors² • Onset of action 1–2 minutes² • Reversal: use neostigmine |
| Abbreviations | BP: blood pressure; IV: intravenous |
| Keywords | vecuronium bromide, vecuronium, norcuron, paralysing agent, neuromuscular blockade |

The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

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