

## Rocuronium Bromide

**Indications:** Rapid Sequence Induction, Targeted temperature management post ROSC and post intubation.

**Contraindications:** Patients with anticipated difficult airway who can be managed by basic maneuvers / BVM / CPAP with adequate oxygenation and ventilation.

**Concentration: 10 mg/mL**

### ADULT DOSING

Indication	Dose	Rate & Route	Note
Rapid Sequence Induction	100 mg 10 mL	IV/IO	
Targeted temp management	50 mg 5 mL		
Post ROSC			
Post intubation			

### ADULT DOSING

### PEDIATRIC DOSING

Indication	Dose	Rate & Route	Note
NONE			

### PEDIATRIC DOSING

**Precautions**

Prior administration of succinylcholine may enhance the neuromuscular blocking effect of rocuronium and its duration of action.

**Adverse/Side Effects**

Hypersensitivity reactions are possible Use caution in patients with: known significant hepatic disease, pulmonary hypertension, valvular heart disease, causes respiratory paralysis. Supportive airway control must be continuous and under direct observation at all times.

**Class**

Non-depolarizing neuromuscular blocking agent

**Mechanism of Action**

Rocuronium bromide acts by competing with acetylcholine for cholinergic receptors at the motor end plate. Rapid to intermediate onset of action, depending on dose, with an intermediate duration of action. Has no analgesic properties and the patient may be conscious, but unable to communicate by any means. Patients should be pre-medicated with a sedative (versed/ketamine) as Rocuronium has no effect on level of consciousness. First muscles affected include eyes, face, neck; followed by limbs, abdomen, chest; diaphragm affected last. Recovery usually occurs in the reverse order and may take longer than 60 minutes.

**Onset of Action**

< 2 minutes

**Peak Effect**

1 – 3 minutes

**Duration of Action**

20 – 60 minutes