

## VECURONIUM BROMIDE (NORCURON)

<b>THERAPEUTIC EFFECTS</b>	A non-depolarizing neuromuscular blocking agent with rapid onset and intermediate duration of action. Paralyzes all skeletal muscles including respiratory muscles and gag reflex. This agent <b>DOES NOT</b> produce sedation and a sedative such as <b>midazolam (Versed®)</b> should also be used for patient comfort.
<b>INDICATIONS</b>	To maintain paralysis of intubated patients when renewed muscular activity, following the administration of <b>succinylcholine</b> , endangers patient care and transport time to the hospital is > 15 minutes.
<b>CONTRAINDICATIONS</b>	Short prehospital transport times and/or lack of definitive airway stabilization via endotracheal intubation. In general, not to be used for RSI unless there are no alternative means of facilitating endotracheal intubation.
<b>PRECAUTIONS/SIDE EFFECTS</b>	Administration of succinylcholine or <b>lidocaine (Xylocaine®)</b> prior to vecuronium bromide appears to increase and prolong the duration of neuromuscular blockade. When magnesium sulfate has been administered for the management of toxemia of pregnancy, neuromuscular blockade induced by vecuronium bromide may be prolonged. Vecuronium bromide should be administered with caution in patients with hepatic dysfunction and patients with neuromuscular diseases.
<b>ADULT DOSAGE/ROUTE</b>	0.1 mg/kg* IV. One repeat dose may be given, if unusually prolonged prehospital time requires reparationalysis.
<b>PEDIATRIC DOSAGE/ROUTE</b>	Same as adult

\*Safety and efficacy of vecuronium bromide in children younger than 7 weeks of age have not been established.