MONOGRAPH

Rocuronium

Scope (Staff):	Medical, Pharmacy, Nursing
Scope (Area):	Critical care, Theatre

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this <u>DISCLAIMER</u>



QUICKLINKS					
<u>Dosage/Dosage</u> <u>Adjustments</u>	Administration	Compatibility	Monitoring		

DRUG CLASS

Non-depolarising neuromuscular blocker.[1]

Rocuronium is a High Risk Medicine.

INDICATIONS AND RESTRICTIONS

- Facilitates endotracheal intubation and rapid sequence intubation. [2, 3]
- Increases pulmonary compliance during assisted mechanical respiration.
- Produces skeletal muscle relaxation during surgery after induction of general anaesthesia. [2, 3]

CONTRAINDICATIONS

Hypersensitivity to rocuronium, the bromide ion or any component of the formulation.

PRECAUTIONS

Rocuronium should only be given under the strict supervision of an anaesthetist/doctor skilled in the management of artificial respiration, and only when facilities are instantly available for endotracheal intubation and providing adequate ventilation of the patient.

- Myasthenia gravis and other neuromuscular diseases (e.g. dystrophia myotonica, history of polio) – Rocuronium effect may be potentiated.^[1-3]
- Burns Resistance to non-depolarising neuromuscular blockers may develop. Monitor response and titrate to effect.^[1]
- Acidosis, dehydration, electrolyte imbalances (hypokalaemia, hypermagnesaemia, hypocalcaemia) – Can enhance the effects of neuromuscular blocking drugs.^[1]
- Hypothermia Increases the intensity and duration of neuromuscular blockers. Reduce dose and monitor response.^[1]
- Previous anaphylactic reaction to neuromuscular blocking agents Cross sensitivity with other neuromuscular agents may occur. Use with caution. [1]
- Conditions associated with prolonged circulation time (e.g. cardiovascular disease and oedematous states) – An increased volume of distribution may contribute to a slower onset of action and possibly a prolonged duration of action due to a reduced plasma clearance. Use with caution. [3]
- Obesity Rocuronium may exhibit a prolonged duration of action and prolonged spontaneous recovery in obese patients. [2]
- Patients receiving rocuronium are at risk for developing dry eyes leading to keratitis, conjunctivitis, and corneal abrasion as muscle paralysis inhibits eyelid movement and complete closure.^[3]
 - Prophylactic eye care with artificial tears or eye lubricants should be administered at regular intervals during neuromuscular blockade.^[3]

FORMULATIONS

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

50 mg/5 mL vial

Imprest location: Formulary One

DOSAGE & DOSAGE ADJUSTMENTS

Neonates: Refer to Neonatal Medication Protocols

Dosing in Overweight and Obese Children: Calculate dose using Adjusted Body Weight

Child >1 month of age (Term):

Intubation:

IV Loading Dose: 0.6 mg/kg^[3, 4]

IV Loading Dose for Rapid Sequence Intubation: 1 – 1.2 mg/kg^[3]

Maintenance:

Intermittent IV Injection: 0.15 mg/kg^[3]

Renal impairment:

eGFR calculator

- Patients with renal impairment may have a more variable duration of effect.^[3]
- Use with caution.^[3]

Hepatic impairment:

- Patients with significant hepatic impairment may experience a prolonged recovery time.^[3]
- Use with caution.^[3]

ADMINISTRATION

IV Injection:

- Administer undiluted (10 mg/mL) by rapid IV injection.^[3, 5]
- Flush IV cannula with sodium chloride 0.9% after each dose to avoid re-paralysis during recovery.^[3, 5]

COMPATIBILITY

Compatible fluids: Sodium Chloride 0.9%, Glucose 5%, Glucose 5% in Sodium Chloride 0.9%, Hartmann's, Water for Injection. [3, 5]

Compatible at Y-site: Giving other drugs via Y-site with neuromuscular blockers is not recommended. ^[5]

Only commonly used drugs are listed below. This is not a complete list of incompatible drugs. Compatibilities of IV drugs must be checked when two or more drugs are given concurrently.

INCOMPATIBLE drugs: Amoxicillin, amphotericin B, cefazolin, dexamethasone, erythromycin, furosemide, hydrocortisone sodium succinate, insulin, methylprednisolone sodium succinate, micafungin, piperacillin-tazobactam, potassium phosphates, thiopental sodium, vancomycin. ^[3, 5]

MONITORING

- Heart rate^[1]
- Blood pressure^[3]
- Respiratory rate^[3]
- Capnography (end tidal carbon dioxide)^[3]
- Mechanical ventilator status^[3]
- Neuromuscular function and degree of muscle paralysis (e.g. presence of spontaneous movement, ventilator asynchrony, shivering)^[3]

Treatment of Toxicity:

In this situation the patient should continue to receive ventilatory support and sedation.

- Reversal of neuromuscular blockade^[6]:
 - Option 1: Sugammadex^[7]

- Used for the reversal of intense (profound) and deep block.^[7]
- The dose administered will depend on the level of neuromuscular block.^[7]

Option 2:

- An anticholinesterase inhibitor (e.g. neostigmine), with an appropriate vagolytic (e.g. atropine) can be used at reappearance of T₂ or at the first signs of clinical recovery. Adequate doses should be administered.^[2]
- If administration of an acetylcholinesterase inhibiting agent fails to reverse the effects of rocuronium, ventilation must be continued until spontaneous breathing is restored.^[2]
- Use of a reversal agent should not begin until definite signs of spontaneous recovery are present. Overdose of an acetylcholinesterase inhibitor can be dangerous.^[2]

ADVERSE EFFECTS

Common: Rash, pain on injection, muscle weakness, respiratory depression.^[1]

Infrequent: Tachycardia, bronchospasm, urticaria.[1]

Rare: Hypersensitivity reactions.[1]

STORAGE

Vial:

- Store between 2 8°C.^[2]
- Stable for 12 weeks once removed from the refrigerator and stored below 25°C. If not used within 12 weeks, the vial must be discarded.^[2]

Infusion Solution:

Stable for up to 24 hours at 2-8°C.^[5]

INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. Clinical Pharmacology), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

^{**}Please note: The information contained in this guideline is to assist with the preparation and administration of **Rocuronium**. Any variations to the doses recommended should be clarified with the prescriber prior to administration**

Related CAHS internal policies, procedures and guidelines

High Risk Medicines Policy (CAHS Policy Manual)

References

- 1. AMH Australian Medicines Handbook Pty Ltd. Rocuronium. Australian Medicines Handbook [Online]: Australian Medicines Handbook Pty Ltd. Accessed November 13, 2023. https://amhonline-amh-net-au.pklibresources.health.wa.gov.au/chapters/anaesthetics/neuromuscular-blockers/non-depolarising-neuromuscular-blockers/rocuronium?menu=hints
- 2. MIMS Online Australia. Rocuronium bromide (Esmeron). UBM Medica Australia Pty Ltd. Accessed November 13,2023. https://www-mimsonline-com-au.pklibresources.health.wa.gov.au/Search/FullPI.aspx?ModuleName=Product%20Info&searchKeyword=Rocuronium+bromide&PreviousPage=~/Search/QuickSearch.aspx&SearchType=&ID=33490001 2#DosageAdministration3059
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Healthy kids, healthy communities

Compassion

Excellence Collaboration Accountability

Respect

Neonatology | Community Health | Mental Health | Perth Children's Hospital