

Kittitas County Prehospital EMS Protocols

SUBJECT: ROCURONIUM BROMIDE (ZEMURON)

ACTION:

Nondepolarizing neuromuscular blocking agent.
Muscular paralysis typically lasts between 20 to 60 minutes depending upon dosage and patient.

INDICATIONS:

To achieve temporary paralysis where endotracheal intubation is indicated and where muscle Tone prevents it.

CONTRAINDICATIONS:

Hypersensitivity

PRECAUTIONS:

Personnel trained in endotracheal intubation must be present. Resuscitation equipment must be immediately available.

Must be accompanied by adequate anesthesia or sedation.

Rocuronium bromide is physically incompatible when mixed with the following drugs:

amphotericin	hydrocortisone sodium succinate
amoxicillin	insulin
azathioprine	intralipid
cefazolin	ketorolac
cloxacillin	lorazepam
dexamethasone	methohexital
diazepam	methylprednisolone
erythromycin	thiopental
famotidine	trimethoprim
furosemide	vancomycin

If Rocuronium bromide is administered via the same infusion line that is also used for other drugs, it is important that this infusion line is adequately flushed between the administration of Rocuronium and drugs for which incompatibility with Rocuronium has been demonstrated.

SIDE EFFECTS:

Prolonged paralysis, hypotension, hypertension, tachycardia., Histamine release with possible signs of asthma/bronchoconstriction, arrhythmias, and nausea, vomiting, hiccups.

DOSAGE:

For adults and large children: 1.0 mg/kg

Patients should be pre-medicated with Midazolam, as Rocuronium has no effect on patient's level of consciousness.

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ROUTE:

IV / IO

PEDIATRIC DOSE:

Premedicate with Atropine: 0.02 mg/kg

For Infants and Small Children: 1.0 mg/kg

Suspected Head Injury Use:

Premedicate with Lidocaine: 1 mg/kg

NOTE: Shelf life of Rocuronium bromide is 60 days after being removed from refrigeration.