

MEDICATION REFERENCE LIST

VECURIUM BROMIDE (NORCURON)

1. **Classification:** Non-Depolarizing Paralytic
2. **Physiologic Effect:** It acts by competing for cholinergic receptors at the motor end-plate. The antagonism to acetylcholine is inhibited causing a neuromuscular block. The neuromuscular block is evident by complete muscle paralysis. As the heart has automaticity, it is not directly affected by paralytic agents.
3. **Major Indications:**
 - 3.1. Facilitate endotracheal intubation using RSI procedure when Succinylcholine is contraindicated
 - 3.2. Post-intubation airway management only when sedation alone is insufficient.
4. **Primary Contraindications:**
 - 4.1. Known hypersensitivity to Vecuronium Bromide
5. **Side Effects:**
 - 5.1. No significant side effects are reported.
6. **Additional information:**
 - 6.1. Use of paralytics, including Succinylcholine, Rocuronium, and Vecuronium, is forbidden in the pre-hospital emergency environment and interfacility transports for rapid sequence induction to facilitate advanced airway placement for all personnel, except Air Med RSI-trained flight paramedics.
 - 6.2. Vecuronium Bromide, as with other depolarizing and nondepolarizing paralytics, has no effect on the consciousness of the patient. All patients receiving Vecuronium Bromide should be adequately sedated prior to administration and continuously reassessed for evidence of consciousness. The first indications of return of consciousness in a chemically paralyzed patient is a rise in heart rate.
 - 6.3. An initial Vecuronium Bromide dose of 0.1 mg/kg generally produces first depression of twitch in approximately 1 minute, good or excellent intubation conditions within 2.5 to 3 minutes, and maximum neuromuscular blockade within 3 to 5 minutes of injection in most patients.
 - 6.4. Under balanced anesthesia, the time to recovery to 25% of control (clinical duration) is approximately 25 to 40 minutes after injection and recovery is usually 95% complete approximately 45 to 65 minutes after injection of intubating dose. Evidence that Vecuronium Bromide is reaching the end of its clinical duration can be seen with plateau notching on ETCO₂ waveforms indicating the spontaneous breathing reflex is returning.
 - 6.5. Prior administration of succinylcholine may enhance the neuromuscular blocking effect of Vecuronium and its duration of action. With succinylcholine as the intubating agent, initial doses of 0.04 to 0.06 mg/kg of Vecuronium bromide will produce complete neuromuscular block with clinical duration of action of 25 to 30 minutes.
 - 6.6. Systemic vascular resistance was lowered slightly and cardiac output was increased insignificantly. No significant changes in heart rate or blood pressure would be expected post-administration. If significant changes are noted, reassess the patient, particularly advanced airway placement and need for additional sedation.