

## SUCCINYLCHOLINE (ANECTINE®)

<b>THERAPEUTIC EFFECTS</b>	A biphasic skeletal muscle relaxant with rapid onset and short duration of action; it paralyzes all skeletal muscles including respiratory muscles and eliminates gag reflex. This agent does not produce sedation and a sedative such as <b>etomidate</b> or <b>midazolam (Versed®)</b> should also be used for patient comfort.
<b>INDICATIONS</b>	Inadequate oxygenation or unprotected airway where intubation is indicated, but difficult due to gag reflex, clenched teeth, seizure, or other complications.
<b>CONTRAINDICATIONS</b>	Contraindications are always relative to the life threat of the patient. Succinylcholine should only be used if an airway cannot be established by other methods. Alternative means of establishing an airway should be used for patients with severe cellular damage, including <b>crush injuries</b> , <b>burns</b> more than 8 hours old, atrophy due to neurogenic damage, and patients with known renal failure and EKG evidence of hyperkalemia. These patients may develop cardiac dysrhythmias or arrest after administration. Medical control should be contacted for consideration of <b>vecuronium bromide (Norcuron®)</b> when a paralytic is necessary for airway management.
<b>PRECAUTIONS/SIDE EFFECTS</b>	Patients requiring a second dose may experience increased intracranial pressure. The use of succinylcholine should also be avoided in patients with potential penetrating eye injuries.
<b>PRELIMINARY DRUG THERAPY</b>	To sedate the conscious patient, administer etomidate or Versed.  To protect a patient with suspected head injury, administer <b>lidocaine (Xylocaine®)</b> .
<b>ADULT DOSAGE/ROUTE</b>	1.5 mg/kg IV/IO. One repeat dose may be administered, if necessary. 3 mg/kg IM up to a total dose of 150 mg.
<b>PEDIATRIC DOSAGE/ROUTE</b>	Same as with adult.