		Type: Drug Guideline	Document reference: 2979	Manual Classification: Waikato DHB Drug Guidelines
Title: Vecuronium for Neonates			Effective date: 23 September 2020	
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BRIEF ADMINISTRATION GUIDE

For detailed information refer to [The Australasian Neonatal Medicines Formulary vecuronium guideline](#)



Critical Note: there are minor variations between the ANMF and Waikato DHB best practice within this drug guideline – see yellow shaded text

Indications:

- Skeletal muscle relaxation or paralysis in mechanically ventilated infants
- Intubation

Route: Intravenous

- Supplied as vecuronium bromide 10mg vial (powder for reconstitution)
 - Vecuronium is an unapproved medicine, available under Section 29
 - Use for paralysis in NICU is not a registered indication
 - pH of vecuronium is approximately 4

Dose: Muscle relaxation / Paralysis in mechanically ventilated infants

- IV Injection: 100 microgram/kg initially by bolus IV injection (range 30 – 150 microgram/kg).
Repeat as required every 1 to 2 hours. Adjust dose based on duration of paralysis.
- Continuous IV Infusion: 60-200 microgram/kg/hour (1-3.3 microgram/kg/min)
Titrate in 10% dose increments until desired neuromuscular blockade is achieved

Intubation

- 100 microgram/kg by bolus IV injection

NOTE:

- Patients with renal or hepatic insufficiency may require reduced dosages to maintain appropriate neuromuscular blockade, and may demonstrate prolonged recovery after infusion discontinuation due to increased plasma levels of parent drug and active metabolite. Newborns, particularly premature infants, are especially sensitive to vecuronium
- Ensure adequate analgesia and sedation are achieved prior to and during neuromuscular blockade
- Use lubricating eye drops during paralysis


Preparation and administration

Continuous IV Infusion

- Reconstitute vecuronium 10 mg vial with 10 mL of sterile water for injection (resulting concentration **1 mg/mL**).
- Suitable final concentrations are 0.2 mg/mL, or in fluid restricted patients 1 mg/mL.
- To make a **0.2 mg/mL** solution take 10 mL from the reconstituted vial (vecuronium 10 mg) and make up to 50 mL with compatible fluid (sodium chloride 0.9% or glucose 5%)
- Administer via continuous IV infusion using a syringe driver with Guardrails settings

Direct IV Injection

- Reconstitute 10 mg vial with 10 mL of sterile water for injection (resulting solution 1 mg/mL).
- Administer by IV push over 5 to 10 seconds
- Flush well after administration with compatible fluid (to avoid re-paralysis during recovery)

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Monitoring

- Continuous cardiorespiratory and pulse oximetry monitoring
- Monitor neuromuscular function, sedation and blood pressure (invasive or non-invasive)
- Monitor electrolytes and renal function
- Pressure points (to ensure pressure sores are not developing)

Storage and Stability

- Reconstituted vecuronium solution is stable for 24 hours in the refrigerator (2 to 8 °C)

Competency for administration

This procedure is carried out by, or under, the direct supervision of a registered nurse/registered midwife who holds current Waikato DHB Generic Medicine Management and IV certification. For CVAD administration Neonatal specific competency NCV/NAC and NIC2 is also required.

Guardrails

Vecuronium is Guardrail profiled on the CC pump for NICU. Following are the guardrail limits:

Guardrails Drug Name	Vecuronium
Concentration (mg/ml)	
Minimum	0.1
Maximum	1
Dose rate (mcg/kg/hr)	
Default	60
Soft minimum	48
Soft maximum	90
Hard max	200

References

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