



HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

HPHA CRITICAL CARE NEUROMUSCULAR BLOCKADE / PARALYTICS ORDER SET

VITALS/MONITORING:

- Richmond Agitation-Sedation Scale (**RASS**) every 1 hour
RASS scale -5 target (reassess in 48 hours)
- BP, temperature, heart rate Q1H
- Reposition head and upper extremities every 2 - 4 hours when in prone position. Use pillows to maintain lateral neck alignment and hip abduction during repositioning.
- Assess pupil size and reactivity Q2H
- No spontaneous ventilation trigger

RESPIRATORY:

- Respiratory Therapist to set initial tidal volume at 4-6 mL per kg of ideal body weight, Assist Control
- Maintain SaO₂ greater than 92% and less than 96%
- Head of bed to minimum 30-45 degrees
- Suction Q6H using an assisted cough technique

MEDICATIONS:

- NEVER INITIATE PARALYSIS WITHOUT ADEQUATE CONTINUOUS IV SEDATION / ANALGESIA**
- Discontinue paralysis PRIOR to stopping analgesia and sedation**
- For neuromuscular blockage for hypothermia, refer to HPHA Therapeutic Hypothermia Order Set

Indications: Acute Respiratory Distress Syndrome (ARDS)
Consider in severe ARDS (i.e. Pa/FiO₂ less than 150)

- Rocuronium 50 mg IV bolus q1h PRN if plateau pressure greater than 32 cm H₂O for 10 minutes despite RASS -5 sedation (unarousable) **OR** ventilator asynchrony despite RASS -5 sedation (unarousable).
- Rocuronium 50 mg IV bolus (first ensure target RASS of -5 has been achieved), followed by a rocuronium infusion 0.005-0.012 mg/kg/min x 48 hours
- Cisatracurium 15 mg IV bolus (first ensure target RASS of -5 has been achieved), followed by a cisatracurium infusion 37.5 mg per hour IV x 48 hours
- Cisatracurium 20 mg IV bolus x1 if plateau pressure greater than 32 cm H₂O for 10 minutes despite RASS -5

Analgesia/Sedation:

- Refer to HPHA ICU Admission for Mechanically Ventilated Patients Order Set

Other Orders:

- petrolatum-mineral oil ophthalmic ointment – apply in lower sac of each eye Q4H and Q1H PRN
Maintain eye lids closed.

FORM#0DRME080M2 05/21 ISFLEM

OTHER ORDERS:

Processed by:		Date & Time		Reviewed by:		Date & Time	
Practitioner Printed Name		Practitioner Signature		Date		Time	



PLEASE STAMP BELOW

HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

Clinical information:

Non-depolarizing Skeletal Neuromuscular Blocking Agents		
Pharmacokinetics	Cisatracurium	Rocuronium
Onset of action	2-3 minutes	1-2 minutes
Duration of action	~1 hour	~30 minutes
Metabolism	Clearance occurs by pH and temperature dependent Hofmann elimination and is NOT dependent of renal or liver function	Minimally hepatic
Other	Should not be used for rapid-sequence intubation given it's relatively slow onset of action	

- Monitoring drug-effect
 - Goal is deep sedation (i.e. not triggering the ventilator, no response to galbellar tap, RASS -5)
 - Peripheral nerve stimulation is sometimes performed to monitor degree of paralysis but results are not always reliable and peripheral nerve stimulation was not used in the most recent ARDS trial assessing the efficacy of cisatracurium (ACURASYS trial, NEJM 2010; 363:1107-1116)

Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time