

This document is for **reference only**. Please refer to SWO's for specific indications, dosages, and applications

RX

**Drug Name: Succinylcholine Chloride**

**Trade Name: Anectine**

**Revised: January 01, 2018**

**Class:**

- Depolarizing neuromuscular blocker.

**Mechanism of Action:**

Inhibits transmission of nerve impulses by binding with cholinergic receptor sites, antagonizing action of acetylcholine. Initial binding causes muscle fasciculation's and progresses to total paralysis, including the diaphragm. Muscle relaxation begins in the eyelids & jaw, progresses to the limbs, the abdomen, & finally the diaphragm & intercostals. Succinylcholine has absolutely no effect on consciousness

**Indications:**

- Facilitation of ETT Intubation

**Contraindications:**

- Hypersensitivity
- History of malignant hyperthermia
- History of skeletal muscle myopathy (rhabdomyolysis)
- Penetrating eye injuries

**Precautions:**

- Pregnancy (C)
- Cardiac disease
- Dehydration
- Neuromuscular disease (*prolonged effects, i.e. myasthenia gravis*)
- Severe burns (*potential for cardiac arrest & ventricular arrhythmias, usually not an acute concern*)
- Crush Injuries (*potential for cardiac arrest & ventricular arrhythmias, usually not an acute concern*)
- Must be ready to intubate as soon given, use cricoid pressure to secure airway from gastric regurgitation
- Respiratory disease
- Narrow-angle glaucoma
- Elderly

**Available Forms:**

- 20 mg/ml in 10 ml vials (200 mg)

**Dosage:**

**Adults:**

- IV, IM, IO: 1-2 mg/kg rapid push, repeat once if needed

**Pediatrics:**

- IV, IM, IO: 1-2 mg/kg rapid push, repeat once if needed
- INFANTS: IV, IM, IO 2 mg/kg

**Onset:**

- IV—30-60 seconds
- IM—2-3 minutes

**Duration:**

- IV—3-5 minutes
- IM—10-30 minutes

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DRUG: SUCCINYLCHOLINE

#### Side Effects:

- Sinus arrest
- Dysrhythmias
- Hypotension
- Increased intraocular pressure
- Hyperkalemia (36 hours post crush trauma/ burns). Bradycardias (May eventually get tachycardia & hypertension as an asphyxia response)
- Prolonged apnea
- Bronchospasm
- Vomiting/Aspiration
- Malignant Hyperthermia

#### Interactions:

- Theophylline users may end up with dysrhythmias
- Incompatible with barbiturates, chlorpromazine, nafcillin, alkaline solutions
- Effects enhanced by Lidocaine, Procainamide, beta blockers, magnesium sulfate, other neuromuscular blockers

#### PEARLS:

- **Our first priority remains airway and this is a wonderful tool to manage airways if used appropriately.** It is by no means benign. In its use, you must weigh the risk versus the benefits. Use anatomical assessment to estimate the chance of success and weigh that against the need of an airway
- **Succinylcholine has no effect on consciousness or pain...sedate your patients**
- The use of Succinylcholine should be part of a systematic approach to a difficult airway, and as such, not performed until all equipment, personnel, medications and safeguards are in place
- Succinylcholine should not be used unless the medic is prepared to perform a number of rescue airway techniques, **up to and including a surgical airway.**
- Children are not as sensitive as adults and may require higher dosages (2 mg/kg)
- NOTE: In both adults and children the incidence of bradycardia is higher following a second dose of Succinylcholine. Pretreatment with anticholinergic agents (atropine) may reduce the occurrence of brady arrhythmias.
- WARNING: There have been several reports of cardiac arrest following administration of Succinylcholine to apparently healthy children and adolescent patients who were subsequently found to have undiagnosed myopathies. In most cases, patients experienced acute rhabdomyolysis with hyperkalemia and cardiac arrest. Because children and adolescent patients are more likely than adults to have undiagnosed myopathies, a nondepolarizing neuromuscular blocking agent should be used for routine elective surgery in these patients. Except when used for emergency tracheal intubation or in instances where immediate securing of the airway is necessary, Succinylcholine is contraindicated in children and adolescent patients
- If repeated intubation attempts fail, you can usually ventilate the patient until spontaneous ventilations return (while maintaining cricoid pressure)

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