REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
succinylcholine

HIGH ALERT DOUBLE CHECK

Effective Date: Dec 2012 **Revised Date:** March 2024	CLASSIFICATION **Depolarizing Neuromuscular Blocking Agent**	OTHER NAMES **Anectine, Quelicin**	PAGE 1 of 1

ADMINISTRATION POLICY:

Prescribers must be skilled in airway management and respiratory support and present

IV Bolus - **May be administered by a nurse experienced in ICU/PACU/ED**
IM Injection - **May be administered by a nurse experienced in ICU/PACU/ED**
IV Infusion - **May be administered by a nurse experienced in ICU/PACU/ED**
Intraosseous - **May be administered by a nurse experienced in ICU/PACU/ED**

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 20 mg/mL – 10 or 20 mL vial. Store in refrigerator

IV Bolus/Intraosseous: Administer undiluted over 10 to 30 seconds

IM: Administer deeply, preferably into deltoid muscle

Maximum rate: Over 10 seconds (IV Bolus)
Maximum concentration: 20 mg/mL

DOSAGE:

IV Bolus/Intraosseous: 0.3 to 1.1 mg/kg, then 0.04 to 0.07 mg/kg as needed
IM Injection: Up to 3 to 4 mg/kg
IV infusion (WRHA): 0.5 to 10 mg/minute

Maximum single dose: IV/IO: 1.1 mg/kg
IM: 150 mg

STABILITY/COMPATIBILITY:

Stability of Vial: Multidose vial (unopened): stable for 3 months at room temperature

Compatibility: Compatible with normal saline, D5W or combination dextrose-saline solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Respiratory depression, apnea, hypoxia
- Muscle soreness (24 to 48 hours post dose), fasciculation, rhabdomyolysis and renal failure.
- Hyperkalemia
- Malignant Hyperthermia
- Bradycardia, tachycardia, hypotension, hypertension, cardiac arrhythmias and cardiac arrest.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Contraindicated in patients with narrow angle glaucoma, personal or familial history of malignant hyperthermia and acute phase of injury after multiple trauma, major burns, extensive denervation of skeletal muscle, or upper motor neuron injury.