



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
sugammadex

Effective Date: Mar 14 2018

Revised Date: Nov 2024

CLASSIFICATION
Antidote
(for neuromuscular blocker)

OTHER NAMES
Bridion

PAGE
1 of 1

ADMINISTRATION POLICY:

IV Bolus - Administration restricted to anesthetists in OR

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 100 mg/mL - 2 mL, 5 mL single dose vial PROTECT FROM LIGHT (When not protected from light, the vial should be used within 5 days.)

IV Bolus: Undiluted into an infusing IV, based on monitoring for twitch responses and the extent of spontaneous recovery

Maximum rate: 10 seconds

Maximum concentration: 100 mg/mL

DOSAGE:

Routine reversal of rocuronium induced blockage: 2 to 4 mg/kg IV once

Immediate reversal of rocuronium induced blockage: 16 mg/kg IV once

NOTE: Dosing is based on actual body weight

STABILITY/COMPATIBILITY:

Compatibility: Compatible with D5W, normal saline, combination dextrose-saline solutions and ringer's lactate.

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- An anaphylactic hypersensitivity reaction has been identified as a rare but significant adverse reaction associated with this agent. Nausea and vomiting are common after reversal, rates are similar to those seen with neostigmine reversal. Have EPINEPHRine readily available for each dose

Contraindications: Previous hypersensitivity reaction

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Bradycardia:** Marked bradycardia and bradycardia with cardiac arrest have been reported, usually within minutes after administration. Monitor closely for hemodynamic changes during and after reversal of neuromuscular blockade.
- Respiratory monitoring:** Ventilatory support is mandatory for patients until adequate spontaneous respiration is restored and the ability to maintain a patent airway is assured.
- Hemostatic and coagulation parameters in patients with risk for impaired hemostasis
- For re-administration of rocuronium a reversal time of 24 hours is suggested.
- May diminish effect of hormonal contraceptives (oral or non-oral). Patients on hormonal contraceptives should use a nonhormonal contraceptive method for 7 days after sugammadex treatment.
- Some patients experience a delayed or minimal response to recommended doses of sugammadex.