

Institutional Handbook of Operating Procedures
Policy 09.13.43

Section: Clinical Policies	Responsible Vice President: EVP and CEO Health System
Subject: General Procedures	Responsible Entity: Resuscitation Committee

I. Title

Administration of Continuous Infusions of Intravenous Neuromuscular Blockade

II. Policy

Infusions of intravenous neuromuscular blockade are limited to clinical settings with advanced ventilatory support such as operating rooms, intensive care units, post anesthesia care unit, and the emergency department.

Intravenous neuromuscular blockade is administered with an advanced airway and fixed-rate ventilation in place.

Intravenous neuromuscular blockade is always administered with intravenous sedation, intravenous analgesia, or both. Both are strongly preferred, and continuous infusions of analgesia and/or sedation are advocated (as opposed to intermittent bolus doses). Sedation and/or analgesia is only discontinued when complete reversal of the neuromuscular blockade is evident.

Prior to withdrawal of ventilator support at end of life, neuromuscular blockade must be discontinued, and complete reversal of neuromuscular blockade evident and documented prior to extubation.

III. Procedures

A peripheral nerve stimulator is utilized to assess and monitor the efficacy (depth of block) while a patient is receiving intravenous neuromuscular blockade.

The depth of block is assessed by the number(s) of twitches (eg. thumb, orbicularis oculi muscle) when using the peripheral nerve stimulator. The train-of-four method is commonly used.

Prior to initiation of infusion, determine baseline power setting if possible. Frequency of monitoring and subsequent titration of infusion(s) will be determined by the ordering provider.

Eye care with lubricating medications is ordered and administered while a patient is receiving neuromuscular blockade.

Reassessment of the need for paralysis should be evaluated and documented daily and discontinued as soon as no longer clinically indicated.

IV. Definitions

Neuromuscular Blockade: The blockage of transmission through the myoneural junction at nicotinic receptors, decreasing skeletal muscle tone and resulting in muscle weakness and/or paralysis.

V. Additional References

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Smetana, K., et al. (2017). Review of continuous infusion neuromuscular blockade agents in the adult intensive care unit. *Critical Care Nursing Quarterly*, 40(4), 323-343.

VI. Dates Approved or Amended

Include origination date, dates of major or minor revisions and dates reviewed without changes.

<i>Originated: 08/20/2020</i>	
<i>Reviewed with Changes</i>	<i>Reviewed without Changes</i>

VII. Contact Information

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