Pancuronium Newborn Use Only

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Alert	High-alert medication: High risk of causing significant patient harm when used in error.			
	This drug should be administered in the presence of personnel trained in advanced airway			
	management.			
	Suggest regular cessation of infusion for a	few to several hours, possibly every 2	4 hours	
	(commonly referred to as "drug noliday")	to assess the need for continued para	lysis and adequacy	
	Line should be adequately flushed to avoid	unintended naralysis during later us	e of the line	
Indication	1. Skeletal muscle relaxation or paralysis in	mechanically ventilated infants		
malcation	2. For elective endotracheal intubation.	,		
Action	Long acting non-depolarising muscle relaxant that competitively antagonises acetylcholine			
	antagonist at nicotinic acetylcholine receptors at neuromuscular junctions. Also has autonomic			
	anticholinergic effect resulting in increase in heart rate.			
	Onset of action: 1–2 minutes. Duration of	Onset of action: 1–2 minutes. Duration of action: 45–60 minutes.		
Drug Type	Long acting non-depolarising neuromuscu			
Trade Name	Pancuronium Bromide Injection BP – Astra	Zeneca		
Presentation	Ampoules (Polyamp DuoFit), 4 mg/2 mL.			
Dosage/Interval	Muscle relaxation			
	IV bolus: 0.1 mg/kg followed by			
	(1) Either IV infusion 0.05 mg/kg/hou	(0.025–0.075 mg/kg/hour) OR		
	(2) Intermittent IV bolus 0.05 mg/kg	(0.05–0.1 mg/kg) every 1–2 hours.	o a maximum of	
	Note: IV infusion dose can be increased or decreased by 0.01 mg/kg/hour to a maximum of 0.1 mg/kg/hour.			
	Intubation			
Maximum dasa	IV bolus: 0.1 mg/kg.			
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Roule	N/ holize			
Preparation/Dilution	Draw up 2 ml (4 mg of pancuronium) and	add 6 ml water for injection to make	a final volume of 8	
	mL with a concentration of 0.5 mg/mL			
	IV infusion:			
	Infusion rate	Prescribed amount	t	
	1 mL/hour = 50 microgram/kg/hour	2.5 mg/kg of pancuronium and mak	e up to 50 mL	
	Draw up 1.25 mL/kg (2.5 mg/kg of pancure	onium) and add sodium chloride 0.9%	to make a final	
	volume of 50 mL. Infusing at a rate of 1 m	_/hour = 50 microgram/kg/hour.		
Administration	IV bolus: Administer as a rapid intravenou	injection over several seconds		
Aummisciation	Line should be adequately flushed to avoid	l unintended paralysis during later us	e of the line.	
Monitoring	Continuous cardio-respiratory and pulse o	ximetry monitoring. Close monitoring	of neuromuscular	
	function, sedation and blood pressure (inv	asive or non-invasive) is essential. Mo	onitoring of fluid	
	balance is essential due to of risk of fluid r	etention. Monitor hepatic and renal f	unction with	
	prolonged use.			
Contraindications	Known hypersensitivity to pancuronium b	omide or to the bromide ion.		
Precautions	Avoid prolonged usage.			
	Suggest regular cessation of infusion, poss	ibly every 24 hours (commonly referr	ed to as 'drug	
	holiday') to assess the need for continued paralysis and adequacy of sedation or analgesia.			
	Pre-existing tachycardia, hypertension (including that associated with renal failure or			
	phaeochromocytoma)—consider an alternative agent.			
	Renal: Prolonged neuromuscular blockade	may occur in renal impairment: redu	iction in	
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This RHW document is a modification of Neomed version. Dosage schedules remain the same. However, information on the commercial preparations not used at RHW might have been deleted. The risk rating might have been modified as per the local health district policy.

Hepatic: Increased onset time and prolonged duration of action may occur in impairment; consider using alternative agent. Myasthenia gravis—prolongs paralysis; avoid neuromuscular blocking agents if possible. Neuromuscular blocking effect: use calitously and monitor neuromuscular blocking agents; duration of action may be prolonged; montor neuromuscular hlocking agents; duration of action may be prolonged; montor neuromuscular hlocking agents; duration of action may be prolonged; montor neuromuscular hlocking agents; Actidoss, dehydration, hypokalaemia, hypermagnesaemia, hypocalcemia—enhances effects of neuromuscular blockade. Prug Interactions Drugs that tootentiate the effect of pancuronium (unlike the rest of the neuromuscular blockers); reduce dose and monitor neuromuscular blocking agents—allergic cross-reactivity has been reported; refer to spacialist for skin testing for sensitivity to ather neuromuscular blockers. Drug Interactions Druss that tootentiate the effect of pancuronium. ¹² Pruss that tootentiate the effect of pancuronium. ¹² Druss that tootentiate the effect of pancuronium (high dose), magnesium sulfate, lithium carbonate, monoamine oxidase inhibitors (MAOIs), quinine, quindine, protamine, duretics, pharetion, alpha-adrnengic blocking agents, beta- adrenergic blocking agents, calcium channel blockers, indiazoles, metronidazole and magnesium salts, magnesium son and chrate anticoagulated blood 3. Drugs which are associated with a significant risk of hypokalaemia (eg. amphotericin B, citplatin, criticosterids, loop divertiss, thaized divertis) 4. Neostigme, edrophonium, adr		maintenance dose may be necessary.
consider using alternative agent. Myasthenia gravis-prolongs paralysis; avoid neuromuscular blocking agents if possible. Neuromuscular diseases (e.g. dystrophia myotonica, history of polio), severe obesity— unpredictable effect; use cautiously and monitor neuromuscular blocking agents; duration of action may be prolonged; monitor neuromuscular function closely. Acidosis, dehydration, hypokalaenia, hypermagnesemia, hypocalaenia-enhances effects of neuromuscular blocking drugs; where possible correct before administration, reduce dose and monitor neuromuscular blockade. Prog Interactions Drug Interaction Reuromuscular blockade, environmentation Reuromuscular blockade, indivade, and predictable Reuromuscular blockade, indivade, and predictable Reuromuscular blockade, indivade, and predictable Reuromuscular blockade, indivade, and and predictable Reuromuscular blockade, indivade, andingent Reurable, envindingent Reuromuscular blockade, indivade, an		Hepatic: Increased onset time and prolonged duration of action may occur in impairment;
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Neonatal Medicines Formulary Consensus GroupPancuroniumPage 2 of 5This RHW document is a modification of Neomed version. Dosage schedules remain the same. However, information on the
commercial preparations not used at RHW might have been deleted. The risk rating might have been modified as per the local
health district policy.

Pancuronium Newborn Use Only

Incompatibility	Incompatible fluids : No information
	Incompatible via Y site : Barbiturates, caspofungin, furosemide, quinine, thiopentone. ¹⁰
Stability	Dilutions are stable for 48 hours. ⁹
	The stability of pancuronium bromide can be extended if refrigerated. Pancuronium stored at
	room temperature (15–30°C) will maintain its full clinical potency for 6 months. However, if
	refrigerated (2–8°C), pancuronium bromide will be stable for up to 3 years or until its expiration
	date, whichever comes first.
Storage	Store at 2–8°C. Do not freeze. Refrigeration is unnecessary during normal periods of use in
	operating theatres.
Special Comments	Dose should be individualised for each patient as there is wide variation in individual response.
	Inhalation agents or prior administration of suxamethonium enhance the intensity of action of
	pancuronium.
	Inerapeutic: It is recommended that a peripheral herve stimulator be used to monitor response
Evidence summary	Efficacy
Evidence summary	Muscle relaxation
	The routine use of pancuronium or any other neuromuscular blocking agent in ventilated
	newborn infants cannot be recommended. However, for ventilated preterm infants with evidence
	of asynchronous respiratory effort, neuromuscular paralysis with pancuronium seems to have a
	favourable effect on intraventricular haemorrhage [RR (95% CI) 0.55 (0.34, 0.89)] and possibly on
	pneumothorax. However, uncertainty remains regarding the long-term pulmonary and
	neurological effects and the safety of prolonged use of pancuronium in ventilated newborn
	Intubation
	Thirty infants with birth weights from 580 to 3450 g (25 to 40 weeks gestation) were prospectively
	studied during nasotracheal intubation. The infants were randomised to receive atropine 0.01
	mg/kg, atropine 0.01 mg/kg plus pancuronium 0.1 mg/kg or no medication (controls) prior to
	intubation. Pancuronium plus atropine was associated with lesser increases in intracranial
	pressure and with the least changes in heart rate in response to intubation. ¹ (LOEII, GOR C)
	The dose used in RCTs for neonatal neuromuscular block in mechanically ventilated neonates is
	0.03 mg/kg to 0.1 mg/kg^2
	There is one study reporting on use of pancuronium infusion for muscle relaxation in ventilated
	newborn infants with dose range 0.03–0.07 mg/kg/hour. ⁸ (LOE IV GOR C)
	Drug holidays (i.e. stopping neuromuscular blocking agents until forced to restart based on the
	patient's condition may decrease the incidence of post-paralytic quadriparesis.
	Pharmacokinetics
	Pancuronium's duration of action is approximately 45 to 60 minutes. ¹¹ An average duration of
	action is 42 minutes following mean doses of intravenous pancuronium of 2.7 mg. ¹¹ Following a
	single 0.05 mg/kg intravenous pancuronium dose, the 50% recovery time was 37 minutes. ¹¹ .
	Peak onset of action is at 2–3 minutes. ¹²
	Divided doses of pancuronium may be advantageous in providing rapid, intense paralysis. ¹³
	Pancuronium has been associated with haemodynamic effects (e.g. tachycardia, hypertension)
	aue to biockade of cholmergic receptors outside the neuromuscular junction."
	injection. ⁷
	A prospective, open-label study conducted in 25 children receiving continuous infusions of
	pancuronium in ICU showed increased infusion requirement for patients requiring > 5 days
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Neonatal Medicines Formulary Consensus GroupPancuroniumPage 3 of 5This RHW document is a modification of Neomed version. Dosage schedules remain the same. However, information on the
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	treatment or for those receiving concomitant anticonvulsant therapy. ⁸
	Safety
	Prolonged administration of pancuronium during the neonatal period is associated with
	sensorineural hearing loss in childhood survivors of CDH. ⁴
	Pancuronium has been associated with prolonged paralysis and muscle atrophy after 1 week
	when given as intermittent doses or by continuous infusion. ⁵
	In premature infants, pancuronium has also been associated with joint contractures, specifically in
	the hins and knees ⁶ However, this effect does not appear to persist after discontinuation of the
	drug and recumption of spontaneous activity 6
	Nowhern infants paralysed with pansuranium despite fluid restriction had evidence of fluid
	Newborn manus paralysed with pancuromum, despite inducestriction, nad evidence of indu
	retention and were significantly heavier that the control infants from day 3 onwards and above
	their birth weight by day 7. Strict attention to fluid retention is essential when newborns are
	treated with pancuronium. ¹⁷ (LOE III GOR C)
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