**DRUG:** VECURONIUM  

**PRESENTATION:** Vial: 10mg  

**ACTION & INDICATION:** Non-depolarising neuromuscular blocking agent, produces skeletal muscle paralysis. Causes less tachycardia and hypotension than does pancuronium.  
- Baby fighting ventilator and difficult to ventilate  
- Moderately severe to severe respiratory distress needing increased ventilator settings.  

**DOSE:**  
- **Intermittent dosing:** 30 -150 microgram /kg /dose  
  Usual dose: 100 microgram/kg  
  Dose may be repeated at intervals of 1 to 2 hours as needed for paralysis.  
- **Continuous infusion:** Infusion rate: 1 – 1.5 microgram/kg/minute  

**PREPARATION:** Use solution prepared by pharmacy. If unavailable dilute as follows:-  
- Add 10mL Water for Injections to 10mg vial  
  =1mg/mL  
- Withdraw 6mg of vecuronium per kg of babys’ weight (6mL/kg) and dilute to 50mL with appropriate infusion fluid.  
  This will give the following infusion rates.  
  - 0.5 mL/hour = 1 microgram / kg / min  
  - 1 mL/hour = 2 microgram / kg / min  
  - 2 mL/hour = 4 microgram / kg / min  
  If a different concentration is required, refer to the Calculation of Drug Infusion table.  

**ADMINISTRATION:** Intravenous: Over 30 seconds  
- Onset of action: 1-2 minutes  
- Continuous infusion  

**ADVERSE EFFECTS:** Heart rate or blood pressure may decrease when used with opioids.  
- Masking of convulsions.  

**COMMENTS:** Protect from light.  
- Discard reconstituted vial immediately after use  
- Use in conjunction with Liquifilm Tears® for eye lubrication while paralysed.  
- Antidote: Neostigmine (See protocol)  

**REFERENCES:**  
- Neofax 2013  
- Pediatric Dosage Handbook 17th Ed  

**DATE:** October 2013