The use of paralytic drugs in the Advanced Airway Management protocol under (R.S.I) is reserved for those paramedics that have received extensive training in advanced airway management. The administration of paralytic drugs found in this procedure must only be done by those paramedics that have prior medical director authorization.

See *Medical Procedure 4.28* – Advanced Airway Management.

**ACTION**

Short acting skeletal muscle paralytic.

Onset in 1 - 2 minutes, with recovery in 5 - 10 minutes.

Works by depolarizing the receptors on skeletal muscle. Then blocks the action of acetylcholine. Thus causes enhanced cholinergic activity, face and neck muscles affected first. Followed by chest, diaphragm, and other skeletal muscles.

May trigger histamine release.

**INDICATIONS**

Facilitation of endotracheal intubation.

**CONTRAINDICATIONS**

1. Known sensitivity to succinylcholine or other anesthetics (psuedocholinesterase deficiency, malignant hyperthermia, myopathies associated with elevated serum creatine phosphokinase values, narrow-angle glaucoma, suspected or documented hyperkalemia and penetrating eye injuries).

2. Pre-existing neuromuscular disease (myasthenia gravis, muscular dystrophy, Guillian-Barr’e).
3. Organophosphate or Anticholinesterase toxicity.
4. Severe burns, eye injuries or chronic renal failure on hemodialysis.
5. History of malignant hyperthermia.

ADVERSE REACTIONS AND SIDE EFFECTS

1. Prolonged respiratory depression.
2. Bradycardia

(PEDIATRIC PATIENT MUST BE PRETREATED WITH ATROPINE TO AVOID BRADYCARDIA AND CARDIAC ARREST)

3. Rarely tachycardia or hypertension.
4. Hypersalivation and bronchospasm.

DOSAGE

Adult: 1 mg / kg IV (range: 0.6 to 1.5 mg / kg)

Peds: 1.5 mg / kg IV (range: 2 mg / kg for infants and small children, for older children and adolescents the dose is 1 mg / kg).