

NEUROMUSCULAR BLOCKING AGENT GUIDELINES

1. Assure patient is securely intubated
2. Assure patient is on **routine** (not PRN) sedation/analgesia. If not call house officer
3. Establish PNS threshold per protocol. Use ulnar site. If unsuccessful, try facial nerve. If still unsuccessful, call house officer. If patient is currently chemically paralyzed, set output at 50 milliamps.
4. Check pupils q1h until infusion rate has not changed within 4 hours, then check q2h.

Train of Four (TOF) Testing Algorithm

| TOF | Treatment |
|--|---|
| 0/4 Twitches | Confirm PNS lead placement, HOLD infusion until 1/4 twitches return, then restart infusion with the rate <u>decreased</u> by 25%, recheck in 1 hour. |
| 1/4 Twitches | <u>Decrease</u> infusion rate by 10%, recheck in 1 hour. |
| 2/4 Twitches | Continue present infusion rate. |
| 3/4 Twitches | <u>Increase</u> infusion rate by 10% and recheck in 1 hour |
| 4/4 Twitches | <u>Increase</u> infusion rate by 25% and recheck in 1 hour |
| 4/4 Twitches Patient movement compromising clinical status (i.e. ventilator asynchrony or increased ICP) | Re-Bolus with loading dose as ordered. <u>Increase</u> infusion rate by 25%, recheck in 1 hour. |