

Pediatric 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.
5. Test Train of Four (TOF) q1h until infusion rate has not changed within 4 hours, then 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.

Paralytic Drug Holiday

1. At 0800 every morning, the neuromuscular blocking agent will be held until spontaneous movement is noted from patient.
2. The patient is expected to spontaneously move within an hour (diaphragm breath, toe movement, etc.)
3. If the patient moves within the indicated timeframe, restart the neuromuscular blocking agent as ordered.
4. If the patient does not move within the indicated timeframe, hold the neuromuscular blocking agent until patient spontaneously moves, and then restart at a 20% decreased rate.