

## Who can administer

Administration restricted- see [Appendix 1](#)

## Important information

- Suxamethonium should be administered only by or under close supervision of an **experienced clinician (anaesthetist, intensivist, emergency physician)**
- It is given intravenously after anaesthesia has been induced and should not be administered to the conscious patient
- Anaphylactic reactions have been documented as has cross-reactivity with other neuromuscular blocking agents

## Available preparations

Murexal 100mg/10mL solution for injection in pre-filled syringe

Suxamethonium 100mg per 2ml ampoule

## Reconstitution

### Pre-filled syringe

- Already in solution

### Ampoules

- **Draw up using a 5micron filter needle**

## Infusion fluids

Glucose 5% or Sodium chloride 0.9%

## Methods of intravenous administration

**Bolus intravenous injection** (pre-filled syringe is preferable)

- The medicinal product should not be used if the tamper evident seal on the syringe is broken.
- The external surface of the syringe is sterile until the blister is opened. The blister must not be opened until use
- When handled using an aseptic method, this medicinal product can be placed on a sterile field once it has been removed from the blister
- Administer required dose as a bolus intravenous injection

**Continuous intravenous infusion (ampoules only)**

- Dilute to a concentration of either 1mg/ml or 2mg/ml (i.e. one ampoule of 100mg in 50 or 100ml infusion fluid)

# Dose in adults

## Usual dose to achieve endotracheal intubation

- Give 1 mg/kg body weight as a single dose
- This dose will usually produce muscular relaxation in about 30 to 60 seconds and has a duration of action of about 2 to 6 minutes
- Larger doses will produce more prolonged muscular relaxation, but doubling the dose does not necessarily double the duration of relaxation
- See also Further information
- Supplementary doses of 50 to 100% of the initial dose may be administered for the maintenance of muscle relaxation during short surgical or other procedures performed under general anaesthesia, at intervals of 5-10 minutes as required
- During administration by repeated bolus injections: total dose should not exceed 500mg

## Intravenous infusion (ampoules only)

- Give at a rate of 2.5 to 4mg per minute
- The infusion rate thereafter should be adjusted according to response

## Elderly

- Dose requirements of suxamethonium in elderly are comparable to those for adults.

## Renal impairment

- A single dose of suxamethonium may be administered to patients with renal insufficiency in the absence of hyperkalaemia
- Multiple or larger doses may cause clinically significant rises in serum potassium and should not be used.

## Hepatic impairment

- No dose adjustment is required in patients with hepatic impairment
- Although plasma cholinesterase levels often fall in patients with liver disease, levels are seldom low enough to significantly prolong suxamethonium-induced apnoea

# Further information

- The use of small doses of non-depolarising muscle relaxants given minutes before suxamethonium administration has been advocated for the reduction of incidence and severity of suxamethonium-associated muscle pains.
- This technique may require the use of doses of suxamethonium chloride in excess of 1 mg/kg to achieve satisfactory conditions for endotracheal intubation

# Storage

## Murexal syringe

- Store in a refrigerator (2-8°C)
- Do not freeze
- Keep the pre-filled syringe in its unopened blister until use
- Once removed from the refrigerator, the syringe may be stored at room temperature (not exceeding 25°C)- for up to 30 days (however, it must be kept in its unopened blister)
- Once taken out of the refrigerator- the syringe packaging must be marked with the date of removal

from the fridge

### **Suxamethonium ampoules**

- Store in a refrigerator (2 - 8<sup>0</sup>C)
- Do not freeze

## References

SPC: 09/01/2020

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## Therapeutic classification

Ultra-short acting depolarising, neuromuscular blocking agent