

Atracurium

Indication	Short acting muscle relaxant
Dose	<p>Initial dose: 0.3-0.5mg/kg given by slow intravenous injection. This may provide muscle relaxation for up to 30 minutes</p> <p>Followed by: continuous intravenous infusion of 0.5-1.5mg/kg/hour</p> <p>Higher doses up to a maximum of 2mg/kg/hour may be required but are higher than those stated in the BNFC. This dose should be given on consultant advice only.</p> <p>Infusion rate should be <u>halved</u> during induced hypothermia due to reduced drug metabolism.</p>
Route of administration	<p>Slow intravenous injection for initial dose</p> <p>Intravenous infusion</p>
To prepare	<p>250mg in 25mL vial (10mg/mL)</p> <p>Preferred diluent: sodium chloride 0.9% (Only stable in 5% glucose for 8 hours)</p> <p>To make 250mg in 50mL: Draw up 25mL of the 10mg/mL solution (250mg) and add to 25mL of diluent.</p>
Compatibilities	Glucose 5%, sodium chloride 0.9%, adrenaline, cefuroxime, clarithromycin, dobutamine, dopamine, fentanyl, gentamicin, heparin, hydrocortisone, midazolam, milrinone, morphine, potassium chloride, vancomycin.
Known incompatibilities	Phenobarbital, propofol, ranitidine.
Notes	<p>Atracurium degrades at room temperature, change syringe every 24 hours.</p> <p>In some instances it may be appropriate to use 250mg in 25mL strength but as this is over the concentration recommended in the BNFC it should be reserved for severely fluid restricted patients only.</p> <p>If there is no compatibility information for specific drugs, do not assume compatibility. For incompatible drugs or those with no compatibility information use a separate line or, for short infusions, flush well between drugs.</p> <p>For side-effects see the BNFC.</p>
References	Leeds Teaching Hospitals neonatal prescribing and administration monograph, BNFC Legacy, Handbook of Injectable Drugs Trissel et al, Neonatal Formulary 7 th edition, Embrace prescription chart.

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 Clinicians must accept individual responsibility for using this information and prescribing safely.