Pediatric Neuromuscular Blockade

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SUMMARY

- Neonates, infants, and children are physiologically different than adults.
- The neonate and infant neuromuscular system is immature.
- The physiological and maturation differences impact muscle relaxant pharmacokinetics and pharmacodynamics.
- Feel more confident in your dosing and monitoring or muscle relaxation in the pediatric patient.
- Additional important issues will be discussed:
  - Muscle relaxants and intubating conditions
  - Safety profile of succinylcholine
  - Residual neuromuscular blockade

REFERENCES


Hayes AH, Mairakhur RK, Breslin DS, Reid JE, McCourt KC. Postoperative residual block after intermediate-acting neuromuscular blocking drugs. Anaesth 2001; 56: 312–318


Meakin GH. Neuromuscular blocking drugs in infants and children. Cont Ed Anaesth Critical Care & Pain 2007; 7: 143-147

Meakin GH. Role of muscle relaxants in pediatric anesthesia. Cu Op Anaesth 2007; 20: 227-331


