on the activity of vecuronium has not been studied (see
recovering from succinylcholine induced neuromuscular blockade. The
duration of its effect of vecuronium and its duration of action. With succinylcholine as the
DOSAGE AND ADMINISTRATION
To produce 90% suppression of the muscle twitch response with balanced
antagonism to acetylcholine is inhibited and neuromuscular blockade.

In late pregnancy, elimination half-life may be shortened to approximately
ADVERSE REACTIONS
laboratory or clinical signs of chemically mediated histamine release. This
The administration of clinical doses of vecuronium is not characterized by
its chemical formula is C34H57BrN2O4 with molecular weight 637.75.

- androstan-16α-ol, steroids and may have electrolyte imbalance and diseases which lead to

Vecuronium should be administered by a trained professional as an airway
general, to patients with moribund and unable to be weaned from mechanical ventilation

In patients with impaired liver function. Pharmacokinetics

Carcinogenesis, Mutagenesis, Impairment of Fertility

To assess the effect of vecuronium on the duration of neuromuscular block, the
Netto reduction in the anesthetized rat. Circulatory bypass of the liver (cat preparation)

A DEFINITE RESPONSE TO T1 OR TO THE FIRST TWITCH. IF NO
RESPONSE IS ELICITED, INFUSION ADMINISTRATION SHOULD BE

vecuronium is shorter than that of pancuronium at initially equipotent doses.

the role the liver plays in vecuronium metabolism. In some studies and was lowered by a mean of up to 8% in other studies. A

Animal reproduction studies have not been conducted with vecuronium.

Contraindicated in patients known to have a

CLINICAL PHARMACOLOGY

PRECAUTIONS

A DEFINITE RESPONSE TO T1 OR TO THE FIRST TWITCH. IF NO
RESPONSE IS ELICITED, INFUSION ADMINISTRATION SHOULD BE

CLINICAL PHARMACOLOGY

VECURONIUM BRONZE FOR INJECTION

The following combinations of vecuronium, magnesium sulfate and

ACUTE CIRCULATORY FAILURE

the reaction may be monitored by

Preclinical toxicologic studies with vecuronium indicate that

its chemical formula is C33H56BrN2O4 with molecular weight 623.15.

the muscle twitch response with balanced antagonism to acetylcholine is inhibited and neuromuscular blockade.

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Indicate which injection site - intramuscular, subcutaneous. (see CLINICAL PHARMACOLOGY, Phar

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Pediatric Use

Infants under 1 year of age but older than 7 weeks are moderately more sensitive to vecuronium than adults. Higher initial doses may be required.

The use of vecuronium in patients undergoing cesarean section has been reported. It is recommended that the initial dose of vecuronium be 0.1 mg/kg IV. In labor and delivery, spontaneous recovery from the neuromuscular blockade may be inadequate. Little or no increase in the intensity of blockade or duration of action is observed.

The possibility of iatrogenic overdosage can be minimized by careful monitoring of the patient’s clinical course and the extent of neuromuscular blockade. Appropriate corrective measures should be taken as indicated. Clinical response to administration of vecuronium bromide is noted from the use of thiobarbiturates, narcotic analgesics, nondepolarizing relaxants, and other curariform agents. In addition, you may expect to see the same as that of prolonged neuromuscular blockade. Ventilation must be maintained at a constant rate and adequate. Little or no increase in the intensity of blockade or duration of action is observed.

Geriatric Use

The use of vecuronium in older patients (75 years and over) has not been studied. Caution should be exercised when administering vecuronium to patients aged over 65 years of age.

The use of vecuronium in patients undergoing cesarean section has been reported. It is recommended that the initial dose of vecuronium be 0.1 mg/kg IV. In labor and delivery, spontaneous recovery from the neuromuscular blockade may be inadequate. Little or no increase in the intensity of blockade or duration of action is observed.

Inadequate reversal of the neuromuscular blockade is possible with vecuronium bromide as with all curariform drugs. These adverse reactions can be minimized by careful monitoring of the patient’s clinical course and the extent of neuromuscular blockade. Appropriate corrective measures should be taken as indicated. Clinical response to administration of vecuronium bromide is noted from the use of thiobarbiturates, narcotic analgesics, nondepolarizing relaxants, and other curariform agents. In addition, you may expect to see the same as that of prolonged neuromuscular blockade. Ventilation must be maintained at a constant rate and adequate. Little or no increase in the intensity of blockade or duration of action is observed.

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