Pancuronium Bromide (pancuronium bromide) - Drug Summary

Teva Parenteral Medicines, Inc.

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Pancuronium
(pancuronium bromide)

BOXED WARNING

Administer by adequately trained individuals familiar w/ actions, characteristics, and hazards.

THERAPEUTIC CLASS

Skeletal muscle relaxant (nondepolarizing)

DEA CLASS

RX

ADULT DOSAGE & INDICATIONS

Adjunct to General Anesthesia

To facilitate tracheal intubation and to provide skeletal muscle relaxation during surgery or mechanical ventilation

Initial: 0.04-0.1mg/kg; intended to serve as a guide only
Titrate: Later incremental doses starting at 0.01mg/kg may be used

For Endotracheal Intubation:
Bolus dose of 0.06-0.1mg/kg is recommended

Caesarean Section:
The dosage to provide relaxation for intubation and operation is the same as for general surgical procedures, and the dosage to provide relaxation, following usage of succinylcholine for intubation is the same as for general surgical procedures

PEDIATRIC DOSAGE & INDICATIONS

Adjunct to General Anesthesia

To facilitate tracheal intubation and to provide skeletal muscle relaxation during surgery or mechanical ventilation

Initial: 0.04-0.1mg/kg; intended to serve as a guide only
Titrate: Later incremental doses starting at 0.01mg/kg may be used

For Endotracheal Intubation:
Bolus dose of 0.06-0.1mg/kg is recommended

DOSING CONSIDERATIONS

Concomitant Medications
After intubation w/ succinylcholine and/or maint doses of volatile liquid inhalational anesthetics are started, lower end of the recommended initial dosage range may suffice

ADMINISTRATION

IV route

Compatibility
Compatible in sol w/ the following:
0.9% NaCl inj
D5 inj

D5 and NaCl inj
Lactated Ringer's inj

When mixed w/ the above sol in glass or plastic containers, pancuronium bromide inj will remain stable in sol for 48 hrs w/ no alteration in potency or pH

HOW SUPPLIED

Inj: 1mg/mL [10mL], 2mg/mL [2mL, 5mL]

CONTRAINDICATIONS

Known hypersensitivity to the drug, neonates, including premature infants.

WARNINGS/PRECAUTIONS

Severe anaphylactic reactions reported; caution w/ previous anaphylactic reactions to other neuromuscular blocking agents. May have profound effects w/ myasthenia gravis or myasthenic (Eaton-Lambert) syndrome; use small test dose and monitor closely. Contains benzyl alcohol; consider total amount of benzyl alcohol being administered during administration of high dosages. Monitor effect/dose using peripheral nerve stimulator. Caution w/ preexisting pulmonary, hepatic, or renal disease/failure. Conditions associated w/ slower circulation time in cardiovascular disease (CVD), old age, and edematous states may delay onset time; do not increase dose. Possible slower onset, higher total dosage, and prolongation of neuromuscular blockade w/ hepatic and/or biliary tract disease. Long-term use in intensive care unit may be associated w/ prolonged paralysis and/or skeletal muscle weakness. Electrolyte imbalance, hypoxic episodes, acid-base imbalance, and extreme debilitation may enhance actions of therapy. Severe obesity or neuromuscular disease may pose airway and/or ventilatory problems; caution prior, during, and after use.

ADVERSE REACTIONS

Skeletal muscle weakness, paralysis, salivation, rash, severe allergic reactions.

DRUG INTERACTIONS

See Dosing Considerations. Enhanced neuromuscular blocking effect w/ prior succinylcholine administration; delay administration of pancuronium bromide until recovery from succinylcholine is observed. Additive effect w/ metocurine and d-tubocurarine. Enhanced neuromuscular blockade w/ volatile inhalational anesthetics (eg, enflurane, isoflurane, halothane), Mg^{2+} salts, broad spectrum antibiotics, narcotics and/or steroids; potentiation most prominent w/ enflurane and isoflurane. Reduce dose w/ Mg^{2+} salts. Caution in patients receiving chronic TCA who are anesthetized w/ halothane; may result in severe ventricular arrhythmias. Parenteral/intraperitoneal administration of high doses of aminoglycosides (eg, neomycin, streptomycin, kanamycin), tetracyclines, bacitracin, polymyxin B, colistin, and sodium colistimethate may intensify or produce neuromuscular block on their own. Recurrent paralysis may occur w/ inj of quinidine during recovery from other muscle relaxants.

PREGNANCY AND LACTATION

Category C, safety not known in nursing.

MECHANISM OF ACTION

Nondepolarizing neuromuscular blocking agent; acts by competing for cholinergic receptors at the motor-end plate.

PHARMACOKINETICS

Distribution: V_d=241-280mL/kg; plasma protein binding (approx 87%). **Metabolism:** 3-hydroxy, 17-hydroxy, and 3,17-dihydroxy (metabolites). **Elimination:** Urine (40%, unchanged and metabolites), bile (11%); $T_{1/2}$=89-161 min.

ASSESSMENT

Assess for history of anaphylactic/hypersensitivity reactions to neuromuscular blocking agents, myasthenia gravis or myasthenic (Eaton-Lambert) syndrome, pulmonary/hepatic/renal disease, CVD, edematous status, biliary tract obstruction, electrolyte imbalance, hypoxic episodes, acid-base imbalance, extreme debilitation, severe obesity, neuromuscular disease, pregnancy/nursing status, and possible drug interactions.

MONITORING

Monitor for signs/symptoms of anaphylactic reactions, prolonged paralysis and/or skeletal muscle weakness (may be 1st noted during attempts to wean after long-term use), and benzyl alcohol toxicity. Monitor the degree of neuromuscular blockade. Monitor muscle twitch response to peripheral nerve stimulator.

PATIENT COUNSELING

Inform of the benefits and risks of the therapy. Inform that severe anaphylactic reactions to neuromuscular blocking agents have been reported.

STORAGE

Storing at room temperature of 18-22°C (65-72°F) for 6 months or at 2-8°C (36-46°F) for 36 months maintains full clinical potency.

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