

**SUCCINYLCHOLINE**  
**(suck-sin-ill-KOH-leen)**  
**Anectine**

**PHARMACOLOGIC CLASSIFICATION:**

-depolarizing neuromuscular blocking agent

**THERAPEUTIC CLASSIFICATION:**

-skeletal muscle relaxant  
-paralytic

**INDICATIONS:**

-rapid intubation of a conscious patient (provide chemical paralysis to accomplish intubation)

**MECHANISM OF ACTION:**

-depolarizes receptors on skeletal muscle  
-blocks neuromuscular transmission, resulting in temporary paralysis  
-so, it initially excites skeletal muscle by combining with cholinergic receptors  
-subsequently, it prevents the muscle from contracting by prolonging the time the receptors at the neuromuscular junction cannot respond to acetylcholine

**ONSET:**

-rapid (30-60 seconds)

**DURATION:**

-brief (4-6 minutes)

**CONTRAINDICATIONS:**

-narrow angle glaucoma  
-penetrating eye injuries

**MAJOR SIDE EFFECTS:**

-severe hyperkalemia  
-muscle fasciculations (involuntary contractions or twitching)  
-increased ICP/increased intraocular pressure  
-arrhythmias/bradycardia  
-malignant fever  
-familial prolonged paralysis

**INTERACTIONS:**

-diazepam may shorten duration of action  
-digoxin may induce arrhythmias  
-narcotics increase the risk of bradycardias

**DOSAGE:**

-1 mg/kg

**PEDIATRIC DOSAGE:**

-children often require larger doses (2 mg/kg)

**SPECIAL INFORMATION:**

-increased ICP may be prevented by Lidocaine 1 mg/kg  
-in conscious patients, administer a benzodiazepine or a narcotic before succinylcholine  
-should be used by those who are skilled in intubation