Paralytic Dosing & Reversal Management

Utilizing quantitative TOF monitoring

Intubation & Intraoperative Management

Rocuronium Dosing Guidelines – Elective Intubation (Non-RSI)

Intubation Dose: Rocuronium Bromide 0.6 mg/kg (IBW)
- Dose adjusted for sex: Dose reduction females (15%)
- Dose adjusted for age: For each year > 55 (1%/year)

Incremental Dosing
- 20% of ED_{95}Dose (ED_{95}Dose Rocuronium = 0.3 mg/kg)

Redosing Indications via Quantitative Monitoring

Redose @ TOFC of 3
- If profound block is necessary, redose @ PTC at count of 1

Avoid total twitch loss (PTC of 0)
- Avoid redosing in last 30 minutes of the procedure

Extubation Timing
- TOFR ≥ 90% via Quantitative Monitor

Reversal Management

Quantitative TOF Value	Reversal Agent and Dose†
TOFR ≥ 90%	Reversal not required
TOFR> 40%	Neostigmine 40 mcg/kg (Max 5mg)*
TOFR < 40% **TOFC 3, 2, or 1**	Sugammadex 2 mg/kg**
TOFC 0 **PTC ≥ 1** **PTC 0** (non-emergent)	Sugammadex 4 mg/kg**
PTC 0 (emergent) Can't intubate/ventilate	Sugammadex 16 mg/kg**

†After Rocuronium or Vecuronium

This guide is based on published literature. Clinicians should use their own judgment.

*Neostigmine dosed on Ideal Body Weight; Neostigmine requires time to work; time reversal with expected extubation time. If ≥ 90% TOFR is not achieved in **15 minutes**, dose with 2 mg/kg Sugammadex and confirm 90%

**Sugammadex dosed on Actual Body Weight. .

1. S. R. Thilen et al., *Anesthesiology.* 138, 13–41 (2023).
2. Merck & Co., Inc., Bridion® dosing considerations.

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