Reevaluation Of Systemic Early neuromuscular blockade (ROSE)

Study Drug Administration Template: Cisatracurium

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1) Assure that the patient is heavily sedated prior to administering cisatracurium besylate (trade Name Nimbex) using the sedation score in clinical use in the study ICU:
   - Ramsay of 5-6 *OR*
   - RASS of -4 to -5 *OR*
   - Riker Score of 1-2

   This level of sedation should be achieved ***prior*** to administering cisatracurium.

2) Assure that the patient is receiving a controlled mode of mechanical ventilation with a set respiratory rate.

3) Administer cisatracurium 15 mg IVP

4) Begin a continuous IV infusion of cisatracurium 37.5 mg per hour for **48 hours**

5) Additional boluses of 20 mg IVP may be given for incomplete neuromuscular blockade manifested by over-breathing the ventilator (see recommendation below)

6) Maintain deep sedation for the duration of the 48 hour infusion

Ensure that your ICU's standard care procedures for paralyzed patients are initiated (i.e., eye care, positioning, and pressure ulcer monitoring, etc.)

Note: This protocol-specified fixed dose of cisatracurium is based on prior studies suggesting this dose should provide adequate neuromuscular blockade in ~90% of patients. For incomplete neuromuscular blockade resulting in triggering of the ventilator the following is recommended after confirmation that the correct protocol specified rate is being administered:

Recommendation: If the end-inspiratory plateau pressure remains greater than 32 cm of water for at least 10 minutes, it is recommended that the patient receive the administration of increasing doses of sedatives and decreasing tidal volume and positive end-expiratory pressure (if tolerated) before considering using open-labeled cisatracurium. If the treating physician still wants to administer a neuromuscular blocking agent, an open-label, rapid, intravenous injection of 20 mg of cisatracurium will be recommended for patients in the control or treatment arms of the study. If this rapid, intravenous injection results in a decrease of the end-inspiratory plateau pressure by less than 2 cm of water, a second injection of 20 mg of cisatracurium will be allowed. If after injection, the end-inspiratory plateau pressure does not decrease or decreases by less than 2 cm of water, cisatracurium boluses should not be administered again during the following 24-hour period.