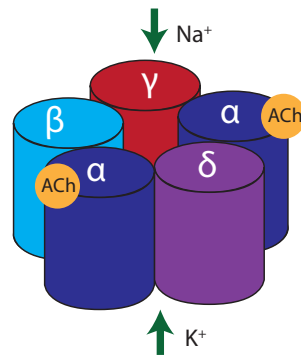
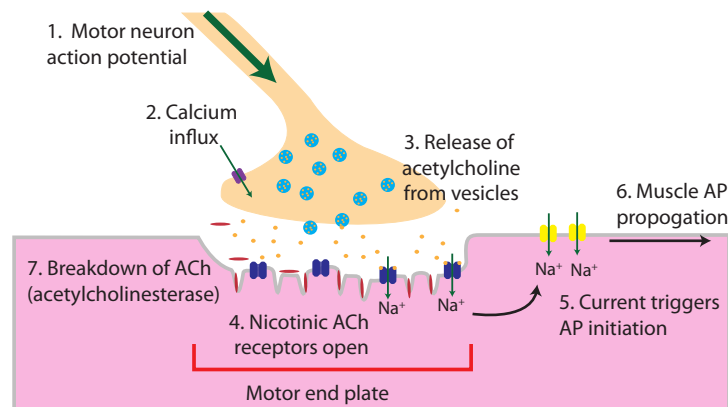


JULY 2007  
VIVA 2

Brittle asthmatic in extremes. Discuss the neuromuscular junction and how to maintain paralysis in this particular patient.



Suxmethonium is an option in an acute situation for RSI

Issues include the risk of arrhythmias including brady cardia, muscle pain from fasciculations  
Increased risk of anaphylaxis, malignant hypertension, impaired breakdown  
Hyperkalaemia may be an issue (although could be transiently low secondary to salbutamol)

Rocuronium or pancuronium would be an option if the renal function is normal.

Rocuronium has a rapid onset which would be beneficial and intermediate duration  
Pancuronium has a long duration

All neuromuscular blockers can cause myopathies in asthmatic patients when used for long periods and this is potentiated by concomitant use with steroids.