

Succinylcholine chloride injection USP

SCOLAX[®]
Inj.
50mg/ml

COMPOSITION:

Each ml contains:

Succinylcholine chloride USP50mg
Benzyl Alcohol USP0.02ml
Water for Injections USP.....q.s.

Actions

Scolax is an ultra-short-acting depolarizing muscle relaxant. It combines with cholinergic receptors of the motor endplate to produce depolarization. Neuromuscular transmission is then inhibited and remains so as long as an adequate concentration of succinylcholine remains at the receptor site.

Scolax has no known effect on consciousness, pain threshold, or cerebration. It has no direct effect on the myocardium. Initially, a transient bradycardia with hypotension, arrhythmias and even sinus arrest may occur owing to increased vagal tone.

Following IV administration, complete muscular relaxation occurs within 1 minute and lasts approximately 4 to 6 minutes. Following IM injection, onset of action may be delayed up to 3 minutes. Succinyl Choline is excreted in the urine.

Indications

Muscle relaxant used as an adjunct to general anesthesia to facilitate endotracheal intubation and to induce skeletal muscle relaxation during surgery or mechanical ventilation. May be employed to reduce intensity of muscle contractions of pharmacologically or electrically induced convulsions.

Contraindications

Those with genetically determined disorders of plasma pseudocholinesterase; personal or familial history of malignant hyperthermia; myopathies associated with elevated CPK values; acute narrow-angle glaucoma; penetrating eye injuries or hyper-sensitivity.

Warnings

Use only when facilities are instantly available for endotracheal intubation and for providing adequate ventilation of the patient, including the administration of oxygen under positive pressure and the elimination of carbon dioxide. Not to be used in new born or premature infants.

Malignant hyperthermia:

Administration has been associated with malignant hyperthermic crisis. Early signs include jaw muscle spasm, lack of laryngeal relaxation, generalized rigidity, increased oxygen demand, tachycardia, tachypnea and profound hyperpyrexia. Successful outcome depends on recognition of early signs, such as jaw muscle spasm, lack of laryngeal relaxation or generalized rigidity to initial administration of drug or failure of tachycardia to respond to deepening anesthesia. Recognition of the syndrome is the cause for discontinuing anesthesia. Dantrolene IV is recommended as an adjunct to supportive measures in management of this problem.

Use in pregnancy

Safety not established. Use in women of childbearing potential only when clearly needed and when potential benefits outweigh unknown potential hazards.

Use in labor and delivery

Used to provide muscle relaxation during-delivery by cesarean section. Small amounts cross the placental barrier. Under normal conditions, the quantity of drug entering fetal circulation after a dose of 1 mg/kg to the mother will not endanger the fetus. However, the amount that crosses the placental barrier depends on the concentration gradient between maternal and fetal circulations and residual neuromuscular blockade (apnea, flaccidity) may occur in the neonate after repeated high doses to, or in presence of, atypical pseudocholinesterase in the mother.

Precautions

Use with caution in cardiovascular, hepatic, pulmonary, metabolic, or renal disorders. Also used with caution in those with severe burns or electrolyte imbalance, those receiving quinidine, those who are digitalized or may have digitalis toxicity, or those recovering from severe trauma, because serious cardiac arrhythmias or cardiac arrest may result. Caution is also observed in those with preexisting hyperkalemia or those who are paraplegic, who have suffered spinal cord injury, or who have degenerative or dystrophic neuromuscular disease, because such patients tend to become severely hyperkalemic when this drug is given.

IM or IV injections (single or repeated) have been associated with myoglobinemia and myoglobinuria, especially in children. Use of small doses of nondepolarizing agents such as tubocurarine before injection of succinylcholine reduces severity of muscular contractions and decreases incidence of myoglobinuria.

Respiratory depression or prolonged apnea may occur if given in amounts greater than recommended, and also when normal amounts are given to those who are genetically susceptible.

Succinyl Choline should not be used when an open eye injury is present and is used with caution, if at all, during intraocular surgery and in those with glaucoma. Use with caution in those with fractures because muscle contractions may cause additional trauma.

Muscle contractions and hyperkalemia can be reduced by administration of a small dose of a H₁N- depolarizing relaxant prior to succinylcholine.

Drug Interactions

Duration of action of neuromuscular blockade with Succinyl Choline may be reduced following administration of **diazepam**. Neuromuscular blocking action may be enhanced by **phenelzine**, **promazine**, **oxytocin**, certain **nonpenicillin antibiotics**, **quinidine**, **beta-adrenergic blocking agents**, **procainamide**, **lidocaine**, **trimethaphan**, **lithium carbonate**, **magnesium salts**, **quinine**, **chloroquine**, and **isoflurane**. Drug's action may be altered by **acetylcholine**, **anticholinesterases**, administration of other **nondepolarizing or depolarizing relaxants**, **antibiotics** other than the penicillin group and **procaine-type local anesthetics**. **Furosemide** may potentiate action of succinylcholine.

Adverse Reactions

Profound and prolonged muscle relaxation may occur, resulting in respiratory depression to the point of apnea. Rarely, hypersensitivity to drug may exist. Bradycardia, tachycardia, hypertension, hypotension, cardiac arrest, arrhythmias, respiratory depression or apnea, hyperthermia or malignant hyperthermia, increased intraocular pressure, muscle contraction, postoperative muscle pain, excessive salivation, hyperkalemia, rash, myoglobinemia and anaphylactoid reactions may also occur.

Dosage

Usually given IV; may be given IM to infants, older children, or adults when a suitable vein is inaccessible. A dose of up to 2.5 mg/kg to 4 mg/kg is given not more than 150 mg total dose is recommended. To avoid distress to patient, administer only after unconsciousness has been induced.

Store between 2°C to 8°C. Protect from heat and light.

Presentation

Box of 2 ml x 10 amps. & Box of 10 ml x 10 vials.

Manufactured for:

Chandra Bhagat
Pharma Limited

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SIZE : 100 x 200 MM Front side

Back side