



Safety Notice 001/15

Suxamethonium Chloride Injection BP 100mg / 2mL Disruption to Supply

11 March 2015

Distributed to:

- Chief Executives
- Directors of Clinical Governance
- Associate Director, Private Health Care

Action required by:

- Chief Executives
- Directors of Clinical Governance

We recommend you also inform:

- Emergency Departments
- Intensive Care Units
- Operating Theatres/ Anaesthetists
- Directors of Pharmacy
- Drugs and Therapeutic Committees
- Directors of Nursing
- Directors of Medical Services
- Directors of Mental Health Services
- Ambulance Services

Expert Reference Group

Content reviewed by:

- Pharmaceutical Services Unit, NSW Ministry of Health
- Office of the Chief Health Officer
- Business Procurement Services, HealthShare

Clinical Excellence Commission

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Background

Suxamethonium Chloride Injection BP 100mg in 2mL ampoules AUST R: 11988 (AstraZeneca) is currently unavailable due to difficulties experienced with sourcing the active ingredient. It is anticipated that normal supply will resume by the end of April 2015.

Suxamethonium (a depolarising muscle relaxant) is used for the production of skeletal muscle relaxation in anaesthesia. Suxamethonium and non-depolarising muscle relaxants such as rocuronium and vecuronium should only be used by medical practitioners who have full knowledge of the pharmacology and are skilled in endotracheal intubation.

In rapid sequence induction (RSI) in emergency situations, rocuronium is the recommended substitute.

Due to the supply situation a shortage of suxamethonium may occur during the months of March and April 2015.

In the interim (until supply is reinstated), the following measures should be put into place:

Local Health Districts/Networks should

1. Distribute this notice to all stakeholders and all clinical departments.
2. Assess the current status of suxamethonium ampoule availability in each facility, ensuring all locations of stock are identified.
3. Develop a local plan to manage the supply shortage, making every effort to reserve available supplies for critical situations and localities where clinicians may be unfamiliar with the use of alternate agents.
4. Inform clinicians of the limited availability of suxamethonium during the months of March and April 2015.
5. Reduce any potential wastage of existing supplies of suxamethonium (e.g. not drawing up unnecessarily, maintaining cold chain storage conditions).
6. Identify and arrange supply of suitable short-acting non-depolarising neuromuscular blocker alternatives and reversal agents* for each of the procedural areas where suxamethonium is commonly used.
7. Provide training to all staff (including GP VMOs in rural and remote areas) in critical areas responsible for endotracheal intubation on how to use rocuronium or vecuronium and appropriate reversal agents, when suxamethonium is unavailable and muscle relaxation is only required or desired for a short time.
8. Once supplies of the suxamethonium are again available inform staff of its availability and return any excess stock of non-depolarising neuromuscular blockers and reversal agents to pharmacy.

Further information

Alternative supply options of Special Access Scheme (SAS) products of suxamethonium are being investigated. Email: contract902@hss.health.nsw.gov.au for more details.

*Sugammadex is an alternative to neostigmine for reversing block induced by rocuronium or vecuronium without the muscarinic effects associated with neostigmine.

Suggested actions by Local Health Districts/Networks

1. Forward this safety notice to the appropriate area for action.
2. Ensure a system is in place to document actions taken.