Subjective monitoring techniques (eg, using clinical observations such as 5-second head lifts) alone may not consistently correlate with attainment of clinically relevant recovery (TOF ratio ≥0.9). Incorporating objective monitoring methods (eg, using a TOF Watch®), in addition to subjective clinical observations, is a reliable way to ensure patients have reached a TOF ratio ≥0.9.

MONITORING CAN HELP REDUCE THE POTENTIAL RISK OF rNMB. Visit UnderstandingResidualNMB.com to learn more.

RESIDUAL NEUROMUSCULAR BLOCK (rNMB), or residual paralysis, is common in the early postoperative period and is generally accepted as a TOF ratio <0.9. rNMB MAY BE ASSOCIATED WITH CLINICALLY RELEVANT CONSEQUENCES, INCLUDING:

- Overall weakness
- Hypoxemia
- Upper airway obstruction

rNMB is a risk for rNMB.

THE INCIDENCE OF rNMB EXCEEDS CLINICIANS’ PERCEPTIONS.

In a published survey of US anesthesia practitioners (n=1141) in 2008, only 1% of patients had a TOF ratio <0.9 at tracheal extubation. In a recent observational study by Saager et al (N=255), 31% of patients had a TOF ratio <0.6 at tracheal extubation.

Every patient who is administered a neuromuscular blocking agent is at risk for rNMB.

MONITORING CAN HELP REDUCE THE POTENTIAL RISK OF rNMB. Subjective monitoring techniques (eg, using clinical observations such as 5-second head lifts) alone may not consistently correlate with attainment of clinically relevant recovery (TOF ratio ≥0.9).

Incorporating objective monitoring methods (eg, using a TOF Watch®), in addition to subjective clinical observations, is a reliable way to ensure patients have reached a TOF ratio ≥0.9.

NMB=neuromuscular blockade; TOF=train-of-four.

References: