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| NMB 01: Train of Four Taken | Description: Percentage of cases receiving a non-depolarizing neuromuscular blocker that have a TOF monitor documented. Inclusion: all patients receiving nondepolarizing NMB (roc, vec, panc, atra, cisatra, including defasciculating dose). Exclusion: ASA 5&6, patients not extubated immediately postoperatively, cardiac surgery patients.**Success: Document TOF count (1, 2, 3, or 4), sustained tetany, or TOF ratio provided by acceleromyography AFTER last dose or stopping infusion of NMB. TOF of 0 is acceptable when Sugammadex is administered for reversal.****Bottom line: Document TOF after last NMB dose.** |
| NMB 02: Reversal Administered | Description: Percentage of cases receiving a non-depolarizing neuromuscular blockade medication with administration of reversal agent if time from last non- depolarizer administration to extubation is < 4 hours. Inclusion: All patients that have received either by bolus or infusion a non-depolarizing neuromuscular blocker (NMB) AND were extubated post-operatively.Exclusions: Defasciculating doses in patients age >12 (Roc ≤10 mg, Cisatra ≤2mg, Vec ≤1mg), ASA 5&6, patients not extubated in the immediate postoperative period, cardiac surgery patients.**Success: Administration of neostigmine, sugammadex and/or edrophonium before extubation or documented acceleromography ratio of ≥ 0.9 after last dose of NMB and before extubation.****Bottom line: After last NMB dose if** **TOF≥0.9, just document; if <0.9, give reversal agent and then document TOF≥0.9 when achieved.\***  |
| \*if quantitative monitoring not available for use (i.e. acceleromyography not available), document TOF after last NMB dose and administer reversal as use of fade is not reliable.  |