



Is a neuromuscular block necessary to facilitate tracheal intubation in children?

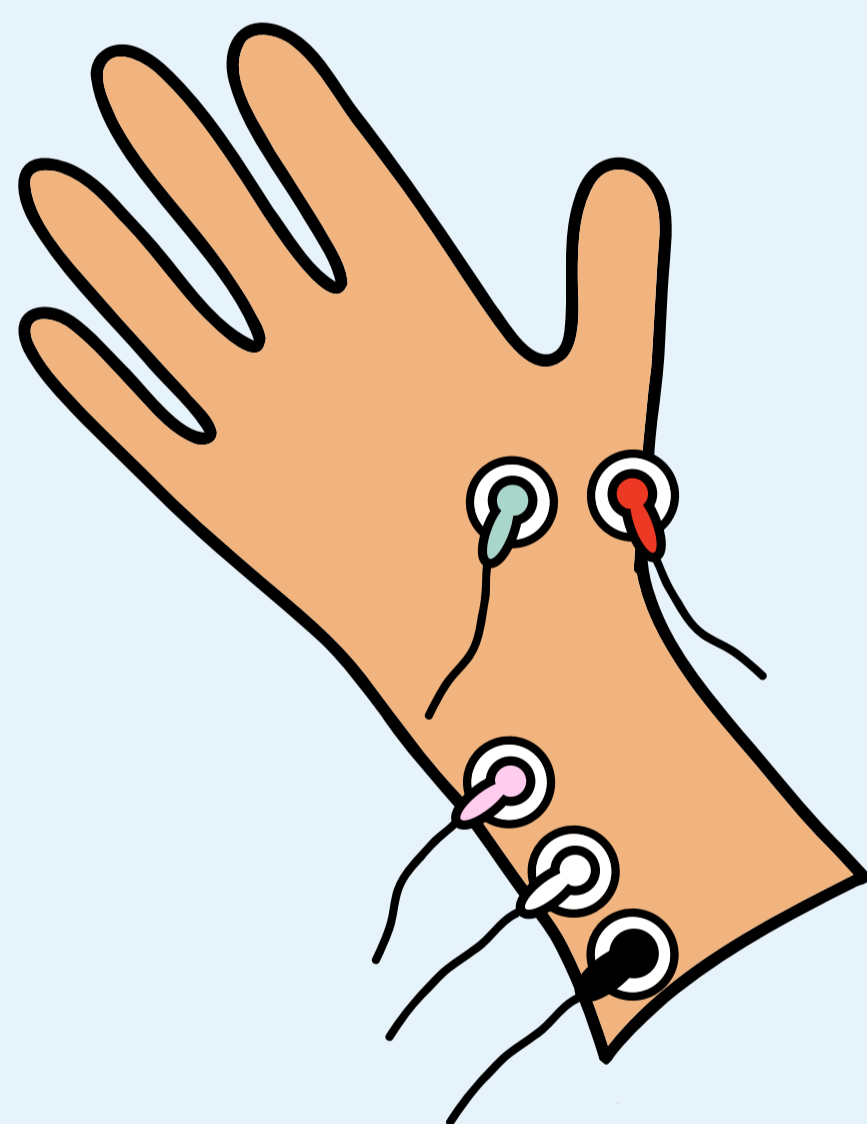
Children > 1 year old	Use a neuromuscular blocking agent (NMBA) when maintaining spontaneous breathing is not required
Neonates and Infants	The use of a NMBA facilitates tracheal intubation
Alternatives to NMBA	If no NMBA is used for intubation, ensure a sufficient depth of anaesthesia including high-dose opioids or different adjuvants, and/or sevoflurane in addition to propofol Have a skilled and experienced clinician perform the intubation
Rapid sequence induction	Use rocuronium rather than succinylcholine



RECOMMENDATION: **Strong in favor**

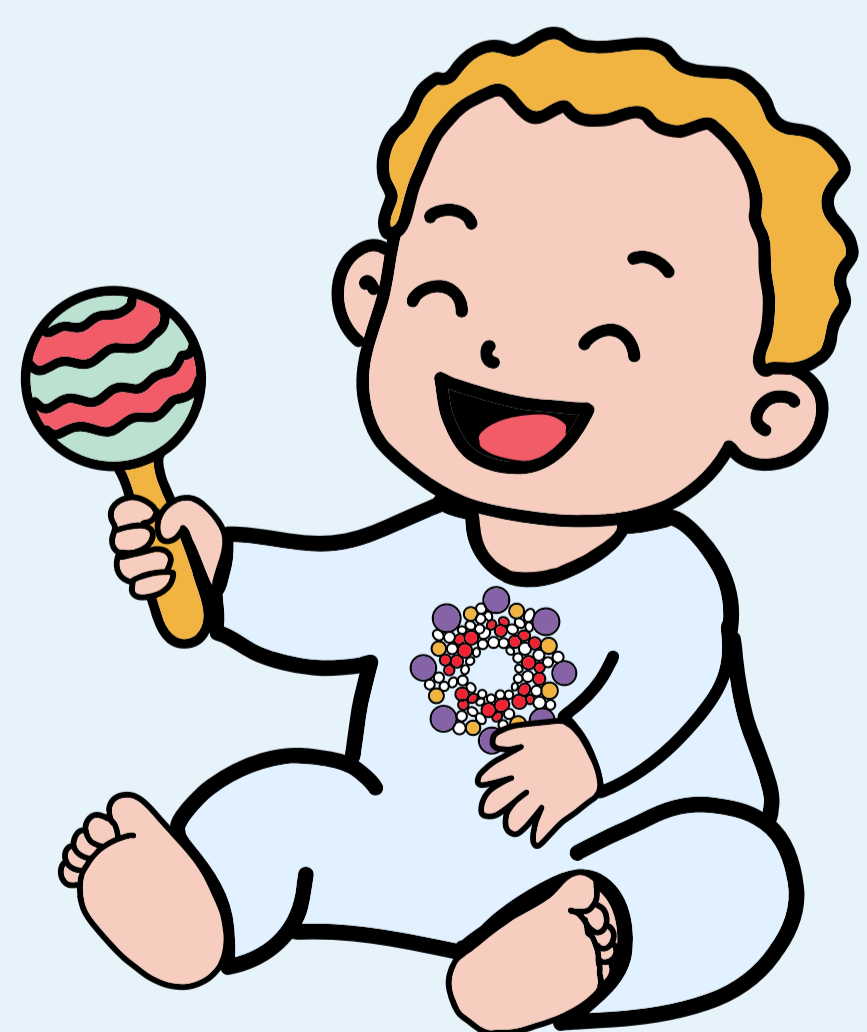
What are the strategies for the diagnosis and treatment of residual neuromuscular block in children?

Quantitative monitoring	Use quantitative neuromuscular monitoring
Reversing neuromuscular blockade	Sugammadex is more efficient than neostigmine for the reversal of aminosteroid NMBA
	Sugammadex can be used for reversal of aminosteroid NMBAs in children, including those under 2 years of age, at the same dosage per kg bodyweight as in adults

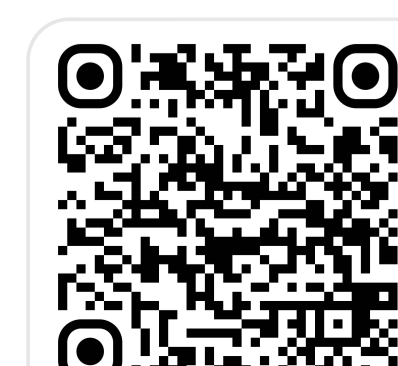


RECOMMENDATION: **Strong in favor**

Neuromuscular monitoring techniques	Adductor pollicis site as the first choice Flexor hallucis brevis as an alternative
	Use EMG- rather than AMG-based neuromuscular monitoring Calibrate the device before administering an NMBA
Risk of residual neuromuscular block or recurarisation when sugammadex is used	Avoid excessive doses of rocuronium Ensure adequate recovery before extubation
	Prolonged observation in the PACU for children younger than 2 years for children received large total doses of aminosteroid NMBAs



RECOMMENDATION: **Conditional in favor**



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