HOSPITAL MEDICINES LIST RESTRICTIONS CHECKLIST

Use this checklist to determine if a patient meets the restrictions for funding in the **hospital setting**. For more details, refer to Section H of the Pharmaceutical Schedule. For community funding, see the Special Authority Criteria.

PRESCRIBER				PATIENT:
Name:				Name:
Ward:				NHI:
Sugammadex				
INITIATION Prerequisites (tick boxes where appropriate)				
	Or.	0	Patient requires reversal of profound neuromuscular blockade following rapid sequence induction that has been undertaken using rocuronium (i.e. suxamethonium is contraindicated or undesirable)	
	or	\circ	Severe neuromuscular degenerative disease where the use of	neuromuscular blockade is required
	or or		Patient has an unexpectedly difficult airway that cannot be intublockade	bated and requires a rapid reversal of anaesthesia and neuromuscular
	or	0	The duration of the patient's surgery is unexpectedly short	
	or	\circ	Neostigmine or a neostigmine/anticholinergic combination is comorbid obesity or COPD)	ontraindicated (for example the patient has ischaemic heart disease,
	or	\circ	Patient has a partial residual block after conventional reversal	·