

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**

Name: .....

Ward: .....

**PATIENT:**

Name: .....

NHI: .....

**Sugammadex**

**INITIATION**

**Prerequisites** (tick boxes where appropriate)

- ☐ 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
- ☐ Severe neuromuscular degenerative disease where the use of neuromuscular blockade is required
- or
- ☐ Patient has an unexpectedly difficult airway that cannot be intubated and requires a rapid reversal of anaesthesia and neuromuscular blockade
- or
- ☐ The duration of the patient's surgery is unexpectedly short
- or
- ☐ Neostigmine or a neostigmine/anticholinergic combination is contraindicated (for example the patient has ischaemic heart disease, morbid obesity or COPD)
- or
- ☐ Patient has a partial residual block after conventional reversal

I confirm that the above details are correct:

Signed: ..... Date: .....