CONTRAINDICATIONS: Volumetric bromide is contraindicated in patients known to have a hypersensitivity to it. 

WARNINGS: 

Anaphylactic. Severe anaphylactic reactions to neuromuscular blocking agents, including volumetric

trimeth, have been reported. These reactions have occurred in some cases with the administration of volumetric

trimeth bromide and are usually anticipated. For this reason, patients who have had previous anaphylactic reactions to

other neuromuscular blocking agents should have cross-reactivity between volumetric trimeth and bromide. In addition to

neuromuscular blocking agents, both depolarizing and non-depolarizing, have been reported in this class of drugs. 

NEUROMUSCULAR BLOCKING AGENTS SHOULD BE ADMINISTERED CAREFULLY TO PATIENTS WHO HAVE PREVIOUSLY EXPERIENCED ANAPHYLACTIC REACTIONS TO NORADRENERGIC BLOCKING AGENTS OR THE POSSIBLE CONTRAINDICATIONS THAT MIGHT OCCUR FOLLOWING ITS USE. THE DRUG SHOULD NOT BE ADMINISTERED UNLESS FURTHER MEDICAL ADVICE IS AVAILABLE. 

ARTIFICIAL RESPIRATION, OXYGEN THERAPY, AND REVERSAL AGENTS ARE IMMEDIATELY AVAILABLE. THE PATIENT MUST BE MONITORED TO DETERMINE THE POSSIBILITIES OF PROLONGED NEUROMUSCULAR BLOCKADE AND OTHER POSSIBLE CONTRAINDICATIONS THAT MIGHT OCCUR FOLLOWING ITS USE. THE PATIENT MUST BE MONITORED TO DETERMINE THE POSSIBILITIES OF PROLONGED NEUROMUSCULAR BLOCKADE AND OTHER POSSIBLE CONTRAINDICATIONS THAT MIGHT OCCUR FOLLOWING ITS USE. THE PATIENT MUST BE MONITORED TO DETERMINE THE POSSIBILITIES OF PROLONGED NEUROMUSCULAR BLOCKADE AND OTHER POSSIBLE CONTRAINDICATIONS THAT MIGHT OCCUR FOLLOWING ITS USE. THE PATIENT MUST BE MONITORED TO DETERMINE THE POSSIBILITIES OF PROLONGED NEUROMUSCULAR BLOCKADE AND OTHER POSSIBLE CONTRAINDICATIONS THAT MIGHT OCCUR FOLLOWING ITS USE. 

Clinical trials have been conducted in patients with myasthenia gravis (Eaton-Lambert) syndrome, in which cases no cases of anaphylactic reactions to noradrenergic blocking agents have been reported. In patients with myasthenia gravis (Eaton-Lambert) syndrome, small doses of volumetric bromide may have profound effects. In such patients, a peripheral nerve stimulator and use of a small test dose may be of value in monitoring the response to administration of muscle relaxants. 

PRECAUTIONS: Since allergic cross-reactivity has been reported in this class, request information from your patients about previous anaphylactic reactions to other neuromuscular blocking agents. In addition, inform your patients that severe anaphylactic reactions to neuromuscular blocking agents, including volumetric trimeth have been reported. 

Renal Failure: Volumetric bromide is well tolerated without clinically significant prolongation of neuromuscular blocking effect in patients with renal failure who have been optimally prepared for surgery by diuresis. Under emergency conditions in some patients prolongation of neuromuscular blockade may occur, therefore, if anephric patients cannot be prepared for non-elective surgery a lower initial dose of volumetric bromide should be used. 

Adjusted Dose Time: Considerations with slower inrowtime in carotid bifurcation disease, age, obesity, advanced states resulting in decreased muscle mass, and the underweight patient should be used in determining the dose of volumetric bromide. 

CLINICAL PHARMACOLOGY: Volumetric Bromide is a nondepolarizing neuromuscular blocking agent possessing all of the characteristic pharmacological actions of this class of drugs (curare-like). It acts by depressing the motor endplate. 

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**Drug Delivery Rate**

<table>
<thead>
<tr>
<th>Drug Delivery Rate</th>
<th>Infusion Delivery Rate (mL/min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>[mcg/g]</td>
<td>[mL/hr]</td>
</tr>
<tr>
<td>0.1 mg/g</td>
<td>0.003</td>
</tr>
<tr>
<td>0.2 mg/g</td>
<td>0.006</td>
</tr>
<tr>
<td>0.3 mg/g</td>
<td>0.009</td>
</tr>
<tr>
<td>0.4 mg/g</td>
<td>0.012</td>
</tr>
<tr>
<td>0.5 mg/g</td>
<td>0.015</td>
</tr>
<tr>
<td>0.6 mg/g</td>
<td>0.018</td>
</tr>
</tbody>
</table>

*Note: If Vencorone Bromide in 100 mL solution

2 mg/mg of Vencorone Bromide in 100 mL solution

The following table is guidelines for microliter delivery for a solution of 0.1 mg/mL (10 mg in 100 mL) with an infusion pump.