

Supplemental Digital Content 3

Supplemental Figure 3

Neuromuscular Blockade Reversal Cognitive Aid	
Documented Twitches	Dosing
0-1 twitches	4 mg/kg sugammadex
2 twitches	2 mg/kg sugammadex
3 twitches	50 mcg/kg neostigmine
4 twitches with fade or TOF ratio <0.4	40 mcg/kg neostigmine
4 twitches without fade or TOF ratio 0.4-0.9	20 mcg/kg neostigmine
TOF ratio ≥ 0.9	None
Notes	
Dose based on <i>ideal body weight</i>	
Monitoring should occur at the <i>adductor pollicis</i>	
If TOF ratio is <0.9 after neostigmine, then sugammadex may be administered	
Increased sugammadex dose should be considered for vecuronium reversal	
Dose can be <i>approximated</i> (e.g. if calculate 220mg sugammadex, 200mg is ok)	
The maximum dose of <i>neostigmine</i> is 5 mg	
Remember to dose neostigmine with an <i>anticholinergic</i> (e.g. glycopyrrolate)	
Administer neostigmine <i>as early as possible</i> , but when surgically appropriate	
Patients at high risk for postoperative <i>respiratory complications</i> (e.g. severe COPD) may receive sugammadex instead of neostigmine regardless of twitches	
<i>Sugammadex</i> should only be used to reverse <i>rocuronium</i> and/or <i>vecuronium</i>	
<i>Atracurium</i> should always be reversed with <i>neostigmine</i>	
TOF: train-of-four	