

Rocuronium versus succinylcholine for rapid sequence induction intubation (Review)

Perry JJ, Lee JS, Sillberg VAH, Wells GA



**THE COCHRANE
COLLABORATION®**

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2009, Issue 1

<http://www.thecochranelibrary.com>



TABLE OF CONTENTS

HEADER	1
ABSTRACT	1
PLAIN LANGUAGE SUMMARY	2
BACKGROUND	3
OBJECTIVES	3
METHODS	4
RESULTS	5
Figure 1.	6
Figure 2.	8
DISCUSSION	9
AUTHORS' CONCLUSIONS	10
ACKNOWLEDGEMENTS	10
REFERENCES	11
CHARACTERISTICS OF STUDIES	14
DATA AND ANALYSES	43
Analysis 1.1. Comparison 1 Rocuronium any dose versus succinylcholine, Outcome 1 Excellent versus other intubation conditions.	46
Analysis 1.2. Comparison 1 Rocuronium any dose versus succinylcholine, Outcome 2 Acceptable versus suboptimal intubation conditions.	50
Analysis 2.1. Comparison 2 Rocuronium specific dose versus succinylcholine, Outcome 1 Excellent versus other intubation conditions.	55
Analysis 2.2. Comparison 2 Rocuronium specific dose versus succinylcholine, Outcome 2 Acceptable versus suboptimal intubation conditions.	60
Analysis 3.1. Comparison 3 Rocuronium versus succinylcholine for induction agent, Outcome 1 Excellent versus other intubation conditions.	66
Analysis 3.2. Comparison 3 Rocuronium versus succinylcholine for induction agent, Outcome 2 Acceptable versus suboptimal intubation conditions.	70
Analysis 4.1. Comparison 4 Rocuronium versus succinylcholine with narcotic, Outcome 1 Excellent versus other intubation outcomes.	74
Analysis 4.2. Comparison 4 Rocuronium versus succinylcholine with narcotic, Outcome 2 Acceptable versus suboptimal intubation conditions.	78
Analysis 5.1. Comparison 5 Rocuronium versus succinylcholine without narcotic, Outcome 1 Excellent versus other intubation conditions.	81
Analysis 5.2. Comparison 5 Rocuronium versus succinylcholine without narcotic, Outcome 2 Acceptable versus suboptimal intubation conditions.	84
Analysis 6.1. Comparison 6 Comparison of children and adults, Outcome 1 Excellent versus other intubation conditions.	86
Analysis 6.2. Comparison 6 Comparison of children and adults, Outcome 2 Acceptable versus suboptimal intubation conditions.	90
Analysis 7.1. Comparison 7 Rocuronium versus succinylcholine in emergency intubation, Outcome 1 Excellent versus other intubation conditions.	94
Analysis 7.2. Comparison 7 Rocuronium versus succinylcholine in emergency intubation, Outcome 2 Acceptable versus suboptimal intubation conditions.	94
APPENDICES	95
WHAT'S NEW	97
HISTORY	97
CONTRIBUTIONS OF AUTHORS	97
DECLARATIONS OF INTEREST	98
SOURCES OF SUPPORT	98

[Intervention Review]

Rocuronium versus succinylcholine for rapid sequence induction intubation

Jeffrey J Perry¹, Jacques S Lee², Victoria AH Sillberg¹, George A Wells³

¹Clinical Epidemiology Programme, The Ottawa Hospital, Ottawa, Canada. ²Emergency Department, Sunnybrook and Women's College Health Sciences Centre, Toronto, Canada. ³Cardiovascular Research Reference Centre, University of Ottawa Heart Institute, Ottawa, Canada

Contact address: Jeffrey J Perry, Clinical Epidemiology Programme, The Ottawa Hospital, 1053 Carling Avenue, F6 Clinical Epidemiology Programme, Ottawa, Ontario, K1Y 4E9, Canada. jperry@ohri.ca. (Editorial group: Cochrane Anaesthesia Group.)

Cochrane Database of Systematic Reviews, Issue 1, 2009 (Status in this issue: *Unchanged*)

Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

DOI: 10.1002/14651858.CD002788.pub2

This version first published online: 23 April 2008 in Issue 2, 2008.

Last assessed as up-to-date: 20 August 2007. (Help document - [Dates and Statuses](#) explained)

This record should be cited as: Perry JJ, Lee JS, Sillberg VAH, Wells GA. Rocuronium versus succinylcholine for rapid sequence induction intubation. *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD002788. DOI: 10.1002/14651858.CD002788.pub2.

ABSTRACT

Background

Patients requiring emergency endotracheal intubation often require a rapid sequence induction (RSI) intubation technique to protect against aspiration or increased intracranial pressure, or to facilitate intubation. Succinylcholine is the most commonly used muscle relaxant because of its fast onset and short duration; unfortunately, it can have serious side effects. Rocuronium has been suggested as an alternative to succinylcholine for intubation. This meta-analysis is an update since our initial Cochrane systematic review in 2003.

Objectives

To determine if rocuronium creates comparable intubating conditions to succinylcholine during RSI intubation. Comparisons were made based on dose of rocuronium, narcotic use, emergency versus elective intubation, age and induction agent. The primary outcome was excellent intubation conditions. The secondary outcome was acceptable conditions.

Search strategy

In our initial systematic review we searched all databases until March 2000. We have updated that search and searched the Cochrane Central Register of Controlled Trials (*The Cochrane Library*, 2007 issue 3), MEDLINE (1966 to June Week 3 2007), EMBASE (1988 to 2007 Week 26) for randomized controlled trials or controlled clinical trials relating to the use of rocuronium and succinylcholine. We included foreign language journals and handsearched the references of identified studies for additional citations.

Selection criteria

We included all trials meeting the inclusion criteria (comparison of rocuronium and succinylcholine, main outcomes of intubation conditions).

Data collection and analysis

Two authors (JP, JL or VS) independently extracted data and assessed methodological quality for allocation concealment. We combined the outcomes in RevMan using relative risk (RR) with a random-effects model.

Main results

Rocuronium versus succinylcholine for rapid sequence induction intubation (Review)
Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

In our initial systematic review we identified 40 studies and included 26. In this update we identified a further 18 studies and included 11. In total, we identified 58 potential studies; 37 were combined for meta-analysis. Overall, succinylcholine was superior to rocuronium, RR 0.86 (95% confidence interval (95% CI) 0.80 to 0.92) (n = 2690). In the group that used propofol for induction, the intubation conditions were superior with succinylcholine (RR 0.88, 95% CI 0.80 to 0.97) (n = 1183). This is contrary to our previous meta-analysis results where we reported that intubation conditions were superior in the rocuronium group when propofol was used. We found no statistical difference in intubation conditions when succinylcholine was compared to 1.2mg/kg rocuronium; however, succinylcholine was clinically superior as it has a shorter duration of action.

Authors' conclusions

Succinylcholine created superior intubation conditions to rocuronium when comparing both excellent and clinically acceptable intubating conditions.

PLAIN LANGUAGE SUMMARY

Comparison of two muscle relaxants, rocuronium and succinylcholine, to facilitate rapid sequence induction intubation

In emergency situations some patients need a general anaesthetic with an endotracheal tube (tube to help them breathe). It is important to have fast acting medications to allow physicians to complete this procedure quickly and safely. Currently, the muscle relaxant medication most often used to accomplish this is succinylcholine. Succinylcholine is fast acting and lasts for only a few minutes which is very desirable in this setting. However, some patients cannot use this medication as it can cause serious salt imbalances or reactions, so an equally effective medication without these side effects is desired. This meta-analysis compared one possible alternative, rocuronium, for the quality of intubation conditions (the ease with which physicians can quickly and safely pass the endotracheal tube). In this review, we have combined the results of 37 studies, with a total of 2690 patients, which compared the effects of succinylcholine versus rocuronium on intubation conditions. We have found that rocuronium is less effective than succinylcholine for creating excellent intubation conditions. Rocuronium should therefore only be used as an alternative to succinylcholine when it is known that succinylcholine should not be used.

BACKGROUND

Patients who require tracheal intubation in the emergency department often require a rapid sequence induction (RSI) technique to protect against aspiration of gastric contents, to facilitate intubation, and prevent increased intracranial pressure (Huizinga 1992; McCourt 1998). This involves the rapid administration of a sequence of medications (including a sedative induction anaesthetic and a muscle relaxant, with or without narcotic) followed by endotracheal intubation within one minute of administering a muscle relaxant. In emergency situations, intubation is often required in unstable situations with the potential of haemodynamic instability or a full stomach. This often requires modification of the rapid sequence induction for the individual patient, with the goal of securing a patent airway as safely and quickly as possible.

Succinylcholine, a depolarizing muscle relaxant, is the most common agent used in both the controlled and emergent settings (Weiss 1997). Succinylcholine is the current favourite muscle relaxant because it has a rapid onset of 40 to 60 seconds and a short duration, lasting only 6 to 10 minutes (Combs 1994). Succinylcholine is contraindicated in patients with major burns (beyond 48 hours), major crush injuries (beyond 48 hours), severe abdominal sepsis, denervation syndromes, and major nerve or spinal cord injuries due to the risk of hyperkalaemia as a result of its depolarizing action, possibly leading to fatal cardiac arrhythmia (Combs 1994; Sullivan 1994). It is also contraindicated in patients with a history of malignant hyperthermia or previous allergic reaction to succinylcholine (Lebowitz 1989).

Alternative agents, among others, include pancuronium, vecuronium, and atracurium; however, none achieve acceptable intubating conditions as rapidly as succinylcholine (Mazurek 1998). Rocuronium is a steroid based non-depolarizing muscle relaxant, which has been proposed for creating intubating conditions similar to those of succinylcholine. The duration of action is longer, lasting 37 to 72 minutes with standard doses (Margorian 1993). The only absolute contraindication to rocuronium is allergy. Care

must be taken with patients who have myasthenia gravis or myasthenic syndrome, hepatic disease, neuromuscular disease, carcinomatosis, or severe cachexia as the duration of action may be profoundly increased. There have been many studies looking at the equivalence of rocuronium and succinylcholine, with conflicting outcomes. It has been suggested that inconsistencies in the use of narcotics, the sedative propofol, or the dose of rocuronium administered may have accounted for these differences (Margorian 1993).

No previous systematic review comparing the intubation conditions created by rocuronium and succinylcholine has been published.

OBJECTIVES

The objective of this study was to determine whether rocuronium creates similar intubating conditions to those of succinylcholine during RSI intubation. This meta-analysis was necessary because of the conflicting results of the previous studies and the lack of any single randomized controlled study with sufficient power to demonstrate equivalence (this requires a larger sample size than comparative trials). This study is an update of our previous systematic review (meta-analysis) (Perry 2003).

Intubating conditions were assessed using the criteria of Goldberg et al (see Additional Table 1), (Goldberg 1989). This scale gives a total point value of 12 in which 3 represents excellent; 4 to 6 represents good; 7 to 9 represents poor and 10 to 12 represents impossible or inadequate intubation conditions. Intubation conditions were converted to the Goldberg scale (four levels) if required and adequate information was provided to do so. Rocuronium was compared to succinylcholine by comparing the proportion of excellent intubation scores to not excellent scores and the proportion of clinically acceptable scores (good or excellent) to the proportion of not clinically acceptable scores (poor or impossible).

Table 1. Intubating conditions

Score	Ease of laryngoscopy	Vocal cords	Intubation response
(1) Excellent	Good	Open	None
(2) Good	Fair	Open	Diaphragmatic movement
(3) Poor	Difficult	Movement	Moderate coughing

Table 1. Intubating conditions (Continued)

(4) Impossible	Poor	Closed	Severe coughing or bucking
----------------	------	--------	----------------------------

METHODS

Criteria for considering studies for this review

Types of studies

We included all randomized clinical trials (RCTs) and controlled clinical trials (CCTs) meeting the following inclusion criteria:

1. the study reported a score of intubation conditions as one of the main outcomes;
2. the study compared rocuronium and succinylcholine; and,
3. the dose of rocuronium administered was at least 0.6 mg/kg and the dose of succinylcholine was at least 1 mg/kg (Danzl 2000).

Types of participants

We included males and females of any age who underwent a rapid sequence induction (RSI), or modified RSI, intubation either electively or emergently, in the analysis. We defined a modified RSI as using both a sedative and a muscle relaxant followed by intubation, with either a delay between the administrations of the two drugs or a delay of more than 60 seconds between the administration of the muscle relaxant and the intubation attempt, or both.

Types of interventions

All of the studies we included in this review compared rocuronium to succinylcholine for neuromuscular blockade. The sedative used for induction anaesthesia was thiopental, propofol, benzodiazepines or etomidate. We accepted studies with or without narcotic agents. Additional medications allowed in this review were the use of pre-treatment sedatives (e.g. low dose benzodiazepines).

Types of outcome measures

We assessed intubating conditions using the Goldberg scale (see Additional Table 1), (Goldberg 1989; Weiss 1997). This is a widely used scale (although not always attributed to Goldberg et al) that allocates a score for each of: ease of intubation, vocal cord movement, and patient response to intubation (diaphragmatic movement, coughing or bucking). Excellent intubation conditions had a score of three which means there must have been good conditions recorded by the operator, open vocal cords that were immobile, and no response by the patient to intubation. We converted studies to this scale if this had not been directly reported, but sufficient detail was available to do so. We compared rocuronium with succinylcholine by comparing the proportions of excellent intubation scores and the proportions of clinically acceptable intubation scores (good or excellent).

Primary Outcome

The primary outcome assessed was excellent intubation conditions created during RSI (or modified RSI) comparing rocuronium with succinylcholine.

Secondary Outcome

The secondary outcome assessed was clinically acceptable (excellent or good) intubation conditions comparing rocuronium with succinylcholine.

Subgroup Analysis

A-priori subgroup analysis for the outcome of excellent intubation conditions compared the following groups: simulated RSI (i.e., the neuromuscular-blocking agent is administered immediately following the sedative and conditions evaluated within 60 seconds) versus modified RSI, induction agent, use versus nonuse of a narcotic, doses of rocuronium (0.6, 0.9, or 1.2 mg/kg) and adult versus paediatric age groups. In this most recent version of the review, we have added a subgroup for emergent intubations as our most recent search identified two additional articles (Larsen 2005; Sluga 2005) which examined RSI in emergent patients. We felt that this comparison could now be included. The simulated RSI subgroup is likely to be the closest to an emergent intubation out of all the patients studied.

Search methods for identification of studies

Electronic searches

In our initial systematic review we searched all databases until March 2000. In this updated version we searched the Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library*, 2007 Issue 3), MEDLINE (1966 to June Week 3 2007), EMBASE (1988 to 2007 Week 26) to identify all clinical trials relating to the use of rocuronium and succinylcholine during RSI. The validated RCT filter was used for the search (Haynes 1994). Please refer to Appendix 1 (MEDLINE) and Appendix 2 (EMBASE) for our search strategies.

Searching other resources

We handsearched the references of included studies to add any citations missed by the electronic searches.

We did not apply any language restrictions to the search.

Data collection and analysis

The local director of library services reviewed our search strategy. We retrieved studies by searching by title or abstract. Two independent appraisers (JP, JL or VS) reviewed relevant articles using specific criteria defined in 'Types of studies'. We measured Inter-rater agreement kappa statistics. We resolved all disagreements by consensus. If we could not reach consensus, then a third author (GW) was available to give a final decision. Two independent authors (JP, JL or VS) extracted data using a standardized data collection forms. Two independent authors (JP, JL or VS) assessed the methodological quality; both authors rated all studies for allocation concealment.

We combined all studies using Review Manager software (RevMan 5.0). We calculated dichotomous variables as relative risks (RRs) for both excellent and acceptable intubation conditions, both with 95% confidence intervals (95% CIs) with a random-effects model. In the previous version of this review (Perry 2003), we used a RR for the primary outcomes and risk differences (RD) for the secondary outcomes. In this updated version, we have chosen to use RR for both to facilitate comparison of our primary and secondary endpoints. We assessed statistical heterogeneity by using a chi-squared test with a P-value of 0.05 predetermined to indicate significant heterogeneity as well as visual inspection of the graphic representation of the studies with their 95% confidence intervals (CIs).

RESULTS

Description of studies

See: [Characteristics of included studies](#); [Characteristics of excluded studies](#).

In our initial systematic review we identified 40 studies and included 28. In our updated systematic review we identified 18 new studies. We included 11 of those studies in this review ([Alanoglu 2006](#); [Cheng 2002](#); [Chung 2001](#); [Koroglu 2002](#); [Lam 2000](#);

[Larsen 2005](#); [Malik 2004](#); [Mencke 2006](#); [Mitra 2001](#); [Sluga 2005](#); [Yorukoglu 2003](#)) (see table 'Characteristics of included studies'). We excluded five studies ([Demirkiran 2001](#); [Hemmerling 2000](#); [Karcioglu 2005](#); [Ortiz-Gomez 2005](#); [Robertson 2004](#)) (see table 'Characteristics of excluded studies'). Two of the studies were foreign language articles which are currently pending translation ([Mencke 2005](#); [Turkmen 2004](#)). The revised total search identified 58 studies of which, 39 met the inclusion criteria. Two of these were duplicate publications ([Dubois 1991](#); [Mirakhur 1994](#)) and were therefore included as secondary references. Thirty-seven studies were combined for the analysis. Two articles are pending translation and 17 articles were excluded. Four did not compare rocuronium with succinylcholine, three were not RCTs, the data could not be retrieved from two, five did not look at intubation conditions in their comparison, one used gallamine plus succinylcholine in the control group, one had an inconsistent dose of rocuronium and one abstract was not obtainable by the library resources. There were no CCTs identified by the search.

Risk of bias in included studies

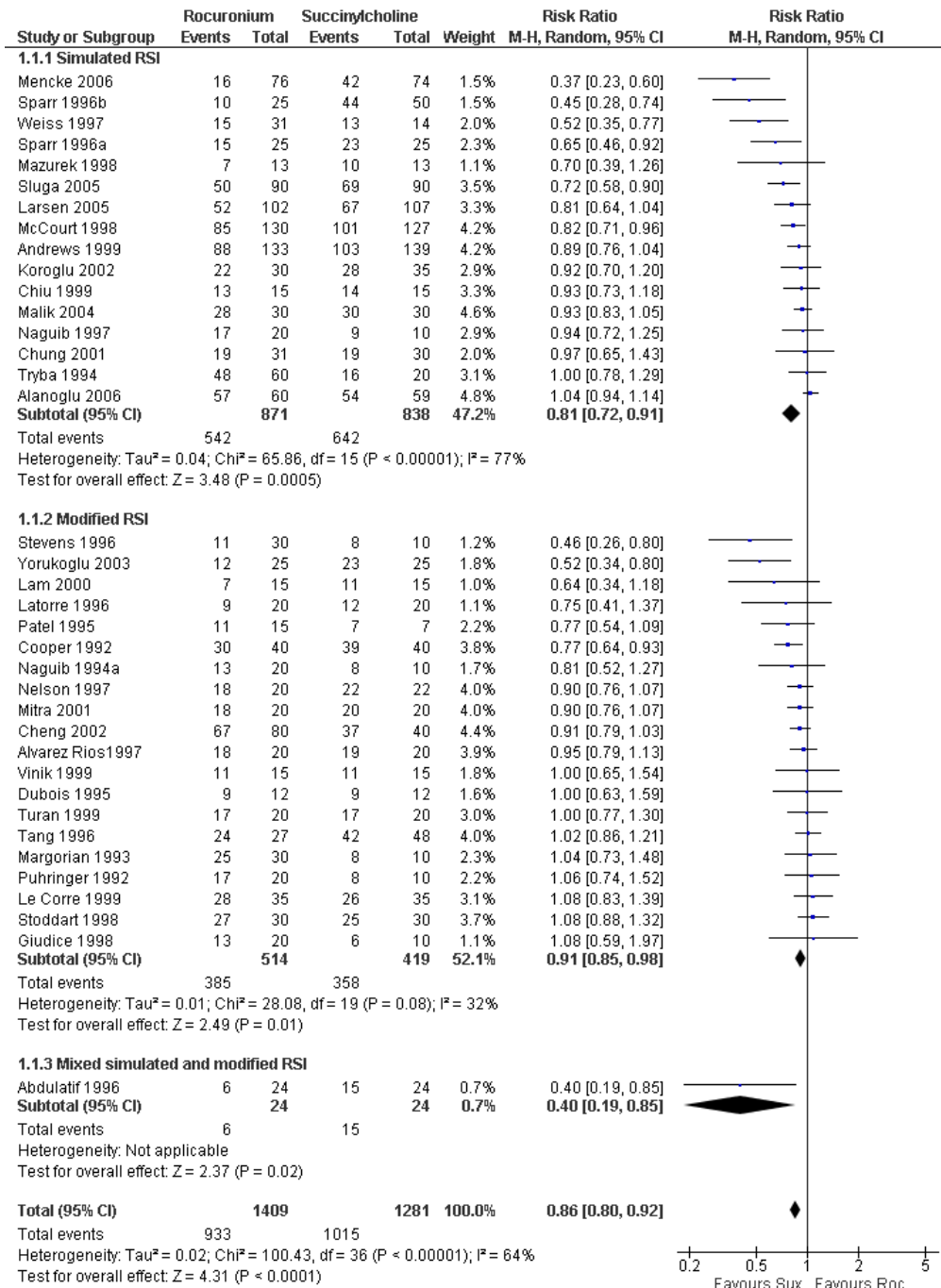
Two independent authors reviewed selected studies to determine eligibility and extract data. We resolved disagreements by consensus. We assessed quality by determining allocation concealment (see table 'Characteristics of included studies').

Effects of interventions

Primary outcome of excellent intubation conditions

There was a statistically significant RR favouring succinylcholine when comparing the primary outcome of excellent intubating conditions with a RR of 0.86, (95% CI 0.80 to 0.92). The number needed to harm (NNH) for this outcome was 8. Visually, there was heterogeneity present in this comparison as demonstrated graphically with the 95% CIs for each study. The chi-squared for heterogeneity was significant ([Analysis 1.1](#), [Figure 1](#))

Figure 1. Forest plot of comparison: I Rocuronium any dose versus succinylcholine, outcome: I.1 Excellent versus other intubation conditions.



Secondary outcome of clinically acceptable intubations

There was also a statistically significant difference found using the less stringent endpoint of clinically acceptable conditions (excellent or good, excluding poor or failed) (RR 0.96, 95% CI 0.93 to 0.99)([Analysis 1.2](#)) The chi-squared test for heterogeneity was significant for this group of studies.

Subgroup analysis for the primary outcome of excellent intubation conditions: simulated versus modified RSI

The subgroup which used a simulated RSI technique had a statistically significant RR favouring succinylcholine (RR 0.81, 95% CI 0.72 to 0.91). The NNH for this outcome was 7 and there was significant heterogeneity present. The subgroup using modified RSI also had significantly better intubation conditions in the succinylcholine group, RR 0.91, 95% CI 0.85, 0.98, NNH 11. There was no heterogeneity present for this subgroup. The subgroup using mixed simulated and modified RSI included only one study and demonstrated superior intubation conditions in the succinylcholine group (RR 0.40; 95% CI 0.19, 0.85). The NNH for this subgroup is 3.

Subgroup analysis for the primary outcome of excellent intubation conditions: comparing the dose

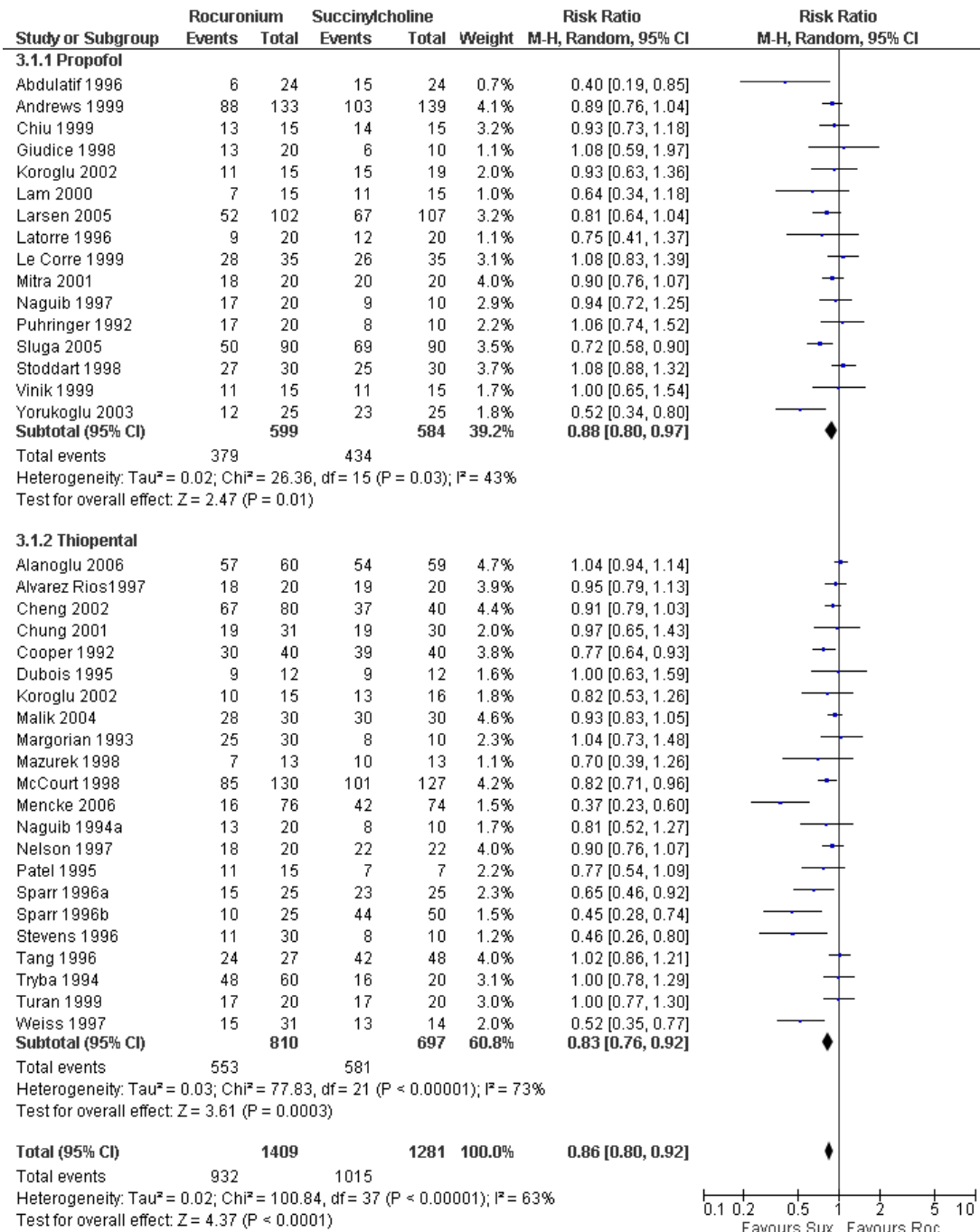
of rocuronium

The subgroup using a dose of rocuronium of 0.6-0.7 mg/kg had a RR favouring succinylcholine for excellent conditions (RR 0.81, 95% CI 0.73 to 0.90). The NNH for this subgroup is 6. There was significant heterogeneity between the studies. There were no statistical differences for excellent or acceptable intubation conditions in the group that received 0.9-1.0 mg/kg of rocuronium or the group that received 1.2 mg/kg of rocuronium. There was no significant heterogeneity between the studies in the 0.9-1.0 mg/kg or 1.2 mg/kg rocuronium groups.([Analysis 2.1](#))

Subgroup analysis for the primary outcome of excellent intubation conditions: induction agents

The subgroup that used propofol for induction ([Analysis 3.1](#)) demonstrated a statistical difference favouring succinylcholine with a RR 0.88, (95% CI 0.80 to 0.97). The NNH was 9 and there was statistically significant heterogeneity between the studies. Visually, the study by [Abdulatif 1996](#) did appear to be outlying from the other studies ([Figure 2](#)). We performed additional analyses examining the effect of narcotic use with propofol induction on intubation conditions. When a narcotic is used with propofol, succinylcholine creates superior intubation conditions to rocuronium (RR 0.84, 95% CI 0.74 to 0.96); however, there is no significant difference when a narcotic is not included in the sequence.

Figure 2. Forest plot of comparison: 3 Rocuronium versus succinylcholine for induction agent, outcome: 3.1 Excellent versus other intubation conditions.



The thiopental subgroup displayed a statistical difference between succinylcholine and rocuronium for the outcome of excellent intubation conditions (RR 0.83, 95% CI 0.76 to 0.92) (Analysis 3.1). The NNH for this outcome was 7. The chi-squared test for heterogeneity was significant. Further analysis for the thiopental subgroup compared the effect of thiopental when used with or without a narcotic. Succinylcholine created significantly better outcomes when narcotics in sequence with thiopental (RR 0.85, 95% CI 0.78, 0.92). There was no significant difference when a narcotic was not used. There were no studies that used benzodiazepines or etomidate for induction, which compared rocuronium to succinylcholine.

Subgroup analysis for the primary outcome of excellent intubation Conditions: use of narcotics

The subgroup of studies using a narcotic in the sequence favoured the succinylcholine group (RR of 0.85, 95% CI 0.78 to 0.92) (Analysis 4.1). The NNH for the subgroup using narcotics was 7. The subgroup without a narcotic in sequence demonstrated no statistical difference (Analysis 5.1). There was significant heterogeneity present for both groups.

Subgroup analysis for the primary outcome of excellent intubation conditions: age groups

The paediatric subgroup had results for both excellent and clinically acceptable conditions which demonstrated no statistical difference. There was no significant heterogeneity between the three paediatric studies (Analysis 6.1).

Subgroup analysis for the primary outcome of excellent intubation conditions: emergency intubation

For the subgroup comparing rocuronium and succinylcholine in emergency patients, there was a significant RR favouring succinylcholine (RR 0.79, 95% CI 0.71 to 0.88) (Analysis 7.1). The NNH was 6 for this subgroup and there was no significant heterogeneity between studies.

Inter-observer Agreement

In the original version of this review, there was complete agreement between both evaluators regarding article selection (Kappa statistics 1.0). For this most recent version, the kappa statistic was 0.75 for selected articles.

DISCUSSION

Primary and Secondary Outcomes

The results of this meta-analysis demonstrate that succinylcholine creates better intubation conditions than rocuronium for both the primary outcome of excellent intubation conditions and the secondary outcome of clinically acceptable intubation conditions.

We had previously reported no significant differences between rocuronium and succinylcholine for clinically acceptable intubation conditions (Perry 2003). However, in this update which includes 11 new studies, results now show significantly better conditions for succinylcholine. The number of failed intubations was very small with no clinically or statistically significant difference between rocuronium and succinylcholine.

Subgroup analysis

In the updated version of this review, we have restructured the analysis to place more emphasis on the subgroups of 'simulated' and 'modified' RSI. We have demonstrated that succinylcholine is superior to rocuronium when either a simulated or modified RSI technique is used.

The a-priori subgroup analysis of patients with propofol induction demonstrated a statistically significant difference between rocuronium and succinylcholine. This is a change from our previous version of the review (Perry 2003) in which we reported no significant difference between rocuronium and succinylcholine. This change in outcome is most likely because two of the new studies we included in the updated review (Larsen 2005; Sluga 2005) were much larger than the other studies included in this subgroup. In fact, these two studies account for approximately 30% of the weight for this subgroup. Further analysis within the propofol induction group for the addition of narcotics demonstrated a significant benefit to succinylcholine. This can again be attributed to the inclusion of the two larger studies conducted by Larsen and Sluga (Larsen 2005; Sluga 2005). It is interesting to note that the results for excellent and clinically acceptable intubation conditions are very similar with and without the use of narcotic. This is contrary to research which has reported significantly improved intubation conditions with the addition of a narcotic to the induction sequence (Sparr 1996b). This suggests that narcotics can safely be omitted in patients for whom they are contraindicated.

We previously reported that rocuronium and succinylcholine were not significantly different when thiopental (thiopentone) was used in the RSI (Perry 2003). In this updated review, we have demonstrated that fewer patients had either excellent or clinically acceptable intubation conditions in the rocuronium group. However, there is considerable heterogeneity present. The outlying studies which found a difference did not differ from the studies that failed to find a difference in any way that we could determine based on use of narcotic, age, true versus modified rapid sequence or the dose of narcotic or sedatives used. As with the propofol subgroup, we analysed the effect of narcotic administration in sequence with thiopental. The addition of narcotics to thiopental did not change intubating conditions for either excellent or clinically acceptable outcomes.

The dose of rocuronium has been thought to be important in creating intubation conditions equivalent to succinylcholine. This meta-analysis did not find conclusive evidence that increasing doses of rocuronium led to better intubating conditions. Succinyl-

choline created significantly more excellent intubation conditions than rocuronium at doses of 0.6-0.7 mg/kg. There was no statistical difference for the 0.9-1.0 mg/kg or 1.2 mg/kg groups. It is difficult to draw conclusions regarding the higher doses of rocuronium as there are relatively few studies which have examined the higher dose (1.2mg/kg) of rocuronium (n = 86). It is possible that there may be a benefit to using an increased dose of rocuronium but this meta-analysis does not support this with the studies conducted to date. However it should be noted that rocuronium has a longer duration of action compared to succinylcholine and that increasing the dose of rocuronium increases its duration of action which can result in an increased incidence of adverse outcomes (i.e. increased duration of paralysis in a patient who cannot be successfully intubated).

We included a subgroup analysis for patients undergoing emergency intubation in this updated version of the review. We have demonstrated that succinylcholine is superior to rocuronium in creating excellent intubation conditions. This is consistent with our findings the less than 60 second time delay subgroup. There was, however, no significant difference between groups for the outcome of clinically acceptable intubation indicating that in emergency patients for whom succinylcholine is contraindicated, rocuronium can still be used to reliably create acceptable intubating conditions.

The four paediatric studies (Cheng 2002; Mazurek 1998; Naguib 1997; Stoddart 1998) did not demonstrate a difference in creating excellent intubation conditions between the rocuronium and succinylcholine groups. However, these had very little power to demonstrate any statistical difference due to the small sample size (i.e. underpowered for an equivalence trial). In addition, two of the studies (Naguib 1997; Stoddart 1998) used propofol in the sequence while a third (Mazurek 1998) used a high dose of rocuronium (1.2 mg/kg) which may have confounded the results. No additional studies were included in this subgroup in this update.

Explanation of the results

Overall, succinylcholine is superior to rocuronium for creating both excellent and clinically acceptable intubation conditions. The subgroup analysis demonstrated that succinylcholine is superior for creating excellent intubation conditions when propofol induction is used. This is contrary to the results of the previous version of this review (Perry 2003) and is likely due to the inclusion of some larger studies in the analysis (Larsen 2005; Sluga 2005). The subgroup analysis for thiopental induction found that succinylcholine is superior to rocuronium for creating both excellent and clinically acceptable intubation conditions when thiopentone is used as an induction agent.

Rationale for excluded information from included studies

The study by Andrews and the study by McCourt are two of the largest studies conducted to date (Andrews 1999; McCourt 1998).

Both studies had planned a-priori to do interim analysis at the half way mark and in both cases, the steering committees decided to drop the lower dose rocuronium as it was shown to be inferior to the larger dose (Dubois 1995). Neither study reported the results of the low dose control groups. Hence, the data for the low dose rocuronium was not included in this meta-analysis. In addition, Sparr's study used four different treatment groups with only one control group (Sparr 1996b). Only one of the four treatment groups using rocuronium was appropriately controlled for: the succinylcholine group in which thiopentone without alfentanil was used. Hence the rocuronium groups with propofol or alfentanil were not included in this meta-analysis (no control group).

Limitations

With the large number of possible sequences used, one must remain cognisant that multiple testing can result in erroneous conclusions just by chance. This effect was minimized with the use of sensitivity analysis on the subgroups, by deciding on the subgroup analysis a-priori and performing sensitivity analysis on this subgroup.

AUTHORS' CONCLUSIONS

Implications for practice

Overall, succinylcholine creates excellent intubation conditions more reliably than rocuronium and should still be used as a first line muscle relaxant for rapid sequence induction intubations. If an alternative agent is required, rocuronium can be used to create acceptable intubation conditions but should only be used as a second line treatment.

Implications for research

Although we have now included four studies in this area (Larsen 2005; Mazurek 1998; McCourt 1998; Sluga 2005), future study should be done to look at patients undergoing emergency RSI in the emergency department by emergency physicians. In addition, future studies could further examine the effects of the larger doses (i.e. 0.9mg/kg and 1.2mg/kg) of rocuronium compared to succinylcholine. Further study looking at etomidate versus propofol with rocuronium is also desirable, in light of reports suggesting it is superior to both thiopental and propofol, and the lack of existing studies comparing this combination to succinylcholine.

ACKNOWLEDGEMENTS

Mrs Jessie McGowen who helped generate the initial search strategy.

Dr Gina Neto who assessed foreign language articles.

Mrs Beverly Shea who assisted with methodology of conducting the meta-analysis.

Mrs Verda Toprak who assessed foreign language articles.

Dr Altan Sahin who assessed foreign language articles.

In addition we would like to thank Prof Andrew Smith (content editor), Prof Nathan Pace (statistical editor) Dr Malcolm Booth and Prof Ronald L. Katz (peer reviewers) for their help and editorial advice during the preparation of this updated review.

REFERENCES

References to studies included in this review

Abdulatif 1996 {published data only}

* Abdulatif M, al-Ghamdi A, el-Sanabary M. Rocuronium priming of atracurium-induced neuromuscular blockade: the use of short priming intervals. *Journal of Clinical Anesthesia* 1996;**8**(5):376–81. [MEDLINE: 8832448]

Alanoglu 2006 {published data only}

* Alanoglu Z, Ates Y, Yilmaz AA, Tuzuner F. Is there an ideal approach for rapid-sequence induction in hypertensive patients?. *Journal of Clinical Anesthesia* 2006;**18**:34–40. [MEDLINE: 16517330]

Alvarez Rios 1997 {published data only}

* Alvarez Rios JJ, Hernandez MV, Baez L, Meza G, Higuera E, Gomez B. Analysis of the effects of rocuronium, mivacurium and succinylcholine for endotracheal intubation. [Análisis del comportamiento de rocuronio, mivacurio y succinilcolina en la intubación endotraqueal]. *Revista Mexicana De Anestesiología* 1997;**20**:122–6. [EMBASE: 1997330912]

Andrews 1999 {published data only}

* Andrews JI, Kumar N, van den Brom RH, Olkkola KT, Roest GJ, Wright PM. A large simple randomized trial of rocuronium versus succinylcholine in rapid-sequence induction of anaesthesia along with propofol. *Acta Anaesthesiologica Scandinavica* 1999;**43**(1):4–8. [PUBMED: 9926179]

Cheng 2002 {published data only}

* Cheung CA, Aun CS, Gin T. Comparison of rocuronium and suxamethonium for rapid tracheal intubation in children. *Paediatric Anaesthesia* 2002;**12**:140–5. [MEDLINE: 11882225]

Chiu 1999 {published data only}

* Chiu CL, Jaais F, Wang CY. Effect of rocuronium compared with succinylcholine on intraocular pressure during rapid sequence induction of anaesthesia. *British Journal of Anaesthesia* 1999;**82**(5):757–60. [MEDLINE: 10536557]

Chung 2001 {published data only}

* Chung YT, Yeh LT. Effectiveness and safety of rocuronium-hypnotic sequence for rapid-sequence induction. *Acta Anaesthesiologica Sinica* 2001;**39**:3–9. [MEDLINE: 11407293]

Cooper 1992 {published data only}

* Cooper R, Mirakhor RK, Clarke RS, Boules Z. Comparison of intubating conditions after administration of org 9426 (rocuronium)

and suxamethonium. *British Journal of Anaesthesia* 1992;**69**(3):269–73. [MEDLINE: 1389845]

Dubois 1991 {published data only}

Dubois MY, Shearrow T, Tran D, Kataria B, Rever L, Gadde LR. Org 9426 used for endotracheal intubation: a comparison with succinylcholine. *Anesthesiology* 1991;**75**(3A):A1066.

Dubois 1995 {published data only}

* Dubois M, Lea D, Kataria B, Gadde P, Tran D, Shearrow T. Pharmacodynamics of rocuronium with and without prior administration of succinylcholine. *Journal of Clinical Anesthesia* 1995;**7**(1):44–8. [MEDLINE: 7772357]

Giudice 1998 {published data only}

* Giudice G, Tomassini G, Baggianini A, Sagredini R. Speed and ease of endotracheal intubation with the neuromuscular monitoring guide (TOF) after rocuronium doses of various multiples of ED95 and succinylcholine [Tempi e qualità dell'intubazione sulla guida del monitoraggio neuromuscolare (TOF): confronto tra vari multipli della ED95 del rocuronio e succinilcolina]. *Acta Anaesthesiologica Italica* 1998;**49**(3):231–9. [EMBASE: 1999095079]

Koroglu 2002 {published data only}

* Koroglu N, Iyilikci L, Van Koroglu L, Atay A, Gokel E. Comparison of Rocuronium and Succinylcholine for Rapid Sequence Intubation Cesarean Section [Sezaryen Olgularinda Hizli Endotrokeal Entubasyonda Rokuronyum ve Suksiniklolinin Karsilastlmasi]. *Turk Anesteziyoloji Ve Reanimasyon Cemiyeti Mecmuasi* 2002;**30**:173–80. [EMBASE: 2002280227]

Lam 2000 {published data only}

* Lam AM, Pavlin EG, Visco E, Taraday J. Rocuronium versus succinylcholine-atracurium for tracheal Intubation and maintenance relaxation during propofol anesthesia. *Journal of Clinical Anesthesia* 2000;**12**:449–53. [MEDLINE: 11090730]

Larsen 2005 {published data only}

* Larsen PB, Hansen EG, Jacobsen LS, Wiis J, Holst P, Rottensten H, et al. Intubation conditions after rocuronium or succinylcholine for rapid sequence induction with alfentanil and propofol in the emergency patient. *European Journal of Anesthesiology* 2005;**22**:748–53. [MEDLINE: 16211732]

Latorre 1996 {published data only}

* Latorre F, Stanek A, Gervais HW, Kleemann PP. Intubation requirements after rocuronium and succinylcholine [Intubations be-

- dingungen nach rocuronium und succinylcholin]. *Anästhesiologie, Intensivmedizin, Notfallmedizin, Schmerztherapie: AINS* 1996;**31**(8):470–3. [MEDLINE: 9019175]
- Le Corre 1999** *{published data only}*
 * Le Corre F, Plaud B, Benhamou E, Debaene B. Visual estimation of onset time at the orbicularis oculi after five muscle relaxants: application to clinical monitoring of tracheal intubation. *Anesthesia and Analgesia* 1999;**89**(5):1305–10. [MEDLINE: 10553857]
- Malik 2004** *{published data only}*
 * Malik P, Rao S, Malhotra N, Chugh JP, Hooda S. Comparative evaluation of effect of rocuronium and succinylcholine on intraocular pressure. *Journal of Anaesthesia and Clinical Pharmacology* 2004;**20**(3):255–61. [EMBASE: 2005146384]
- Margorian 1993** *{published data only}*
 * Magorian T, Flannery KB, Miller RD. Comparison of rocuronium, succinylcholine, and vecuronium for rapid-sequence induction of anesthesia in adult patients. *Anesthesiology* 1993;**79**(5):913–8. [MEDLINE: 7902034]
- Mazurek 1998** *{published data only}*
 * Mazurek AJ, Rae B, Hann S, Kim JI, Castro B, Cote CJ. Rocuronium versus succinylcholine: are they equally effective during rapid-sequence induction of anesthesia?. *Anesthesia and Analgesia* 1998;**87**(6):1259–62. [MEDLINE: 9842809]
- McCourt 1998** *{published data only}*
 * McCourt KC, Salmela L, Mirakhur RK, Carroll M, Makinen MT, Kansansho M, et al. Comparison of rocuronium and suxamethonium for use during rapid sequence induction of anaesthesia. *Anaesthesia* 1998;**53**(9):867–71. [MEDLINE: 9849280]
- Mencke 2006** *{published data only}*
 * Mencke T, Knoll H, Schreiber JU, Echternach M, Klein S, Noeldge-Schomburg G, et al. Rocuronium is not associated with more vocal cord injuries than succinylcholine after rapid-sequence induction: A randomized, prospective, controlled trial. *Anesthesia and Analgesia* 2006;**102**:943–9. [MEDLINE: 16492856]
- Mirakhur 1994** *{published data only}*
 Mirakhur RK, Cooper AR, Clarke RS. Onset and intubating conditions of rocuronium bromide compared to those of suxamethonium. *European Journal of Anaesthesiology* 1994;**11**(Suppl. 9):41–3. [EMBASE: 1994232031]
- Mitra 2001** *{published data only}*
 * Mitra S, Gombar KK, Gombar S. The effect of rocuronium on intraocular pressure: a comparison with succinylcholine. *European Journal of Anaesthesiology* 2001;**18**:836–8. [MEDLINE: 11737185]
- Naguib 1994a** *{published data only}*
 * Naguib M. Different priming techniques, including mivacurium, accelerate the onset of rocuronium. *Canadian Journal of Anaesthesia* 1994;**41**(10):902–7. [MEDLINE: 8001208]
- Naguib 1997** *{published data only}*
 * Naguib M, Samarkandi AH, Ammar A, Turkistani A. Comparison of suxamethonium and different combinations of rocuronium and mivacurium for rapid tracheal intubation in children. *British Journal of Anaesthesia* 1997;**79**(4):450–5. [PUBMED: 389261]
- Nelson 1997** *{published data only}*
 * Nelson JM, Morell RC, Butterworth JF 4th. Rocuronium versus succinylcholine for rapid-sequence induction using a variation of the timing principle. *Journal of Clinical Anesthesia* 1997;**9**(4):317–20. [MEDLINE: 9195356]
- Patel 1995** *{published data only}*
 * Patel N, Smith CE, Pinchak AC. Emergency surgery and rapid sequence intubation: rocuronium vs succinylcholine. *Anesthesiology* 1995;**83**(3A):A914.
- Puhringer 1992** *{published data only}*
 * Pühringer FK, Khuenl-Brady KS, Koller J, Mitterschiffthaler G. Evaluation of the endotracheal intubating conditions of rocuronium (org 9426) and succinylcholine in outpatient surgery. *Anesthesia and Analgesia* 1992;**75**(1):37–40. [MEDLINE: 1616158]
- Sluga 2005** *{published data only}*
 * Sluga M, Ummenhofer W, Studer W, Siegemund M, Marsch SC. Rocuronium versus succinylcholine for rapid sequence induction of anesthesia and endotracheal intubation: A prospective, randomized trial in emergent cases. *Anesthesia and Analgesia* 2005;**101**:1356–61. [MEDLINE: 16243994]
- Sparr 1996a** *{published data only}*
 * Sparr HJ, Luger TJ, Heidegger T, Putensen-Himmer G. Comparison of intubating conditions after rocuronium and suxamethonium following “rapid-sequence induction” with thiopentone in elective cases. *Acta Anaesthesiologica Scandinavica* 1996;**40**:425–30. [MEDLINE: 8738686]
- Sparr 1996b** *{published data only}*
 * Sparr HJ, Giesinger S, Ulmer H, Hollenstein-Zache M, Luger TJ. Influence of induction technique on intubating conditions after rocuronium in adults: comparison with rapid-sequence induction using thiopentone and suxamethonium. *British Journal of Anaesthesia* 1996;**77**(3):339–42. [MEDLINE: 8949806]
- Stevens 1996** *{published data only}*
 * Stevens JB, Shepherd JM, Vories PA, Walker SC, Vescovo MV. A mixture of mivacurium and rocuronium is comparable in clinical onset to succinylcholine. *Journal of Clinical Anesthesia* 1996;**8**(6):486–90. [MEDLINE: 8872689]
- Stoddart 1998** *{published data only}*
 * Stoddart PA, Mather SJ. Onset of neuromuscular blockade and intubating conditions one minute after the administration of rocuronium in children. *Paediatric Anaesthesia* 1998;**8**(1):37–40. [MEDLINE: 9483596]
- Tang 1996** *{published data only}*
 * Tang J, Joshi GP, White PF. Comparison of rocuronium and mivacurium to succinylcholine during outpatient laparoscopic surgery. *Anesthesia and Analgesia* 1996;**82**(5):994–8. [MEDLINE: 8610912]
- Tryba 1994** *{published data only}*
 * Tryba M, Zorn A, Thole H, Zenz, M. Rapid-sequence orotracheal intubation with rocuronium: a randomized double-blind comparison with suxamethonium-preliminary communication. *European Journal of Anaesthesiology* 1994;**11**(suppl. 9):44–8. [MEDLINE: 7925207]
- Turan 1999** *{published data only}*
 * Turan G, Ozgultekin A, Bafali M, Kasikci M, Senel NA. Is rocuronium an alternative to succinylcholine?. *Türk Anesteziyoloji ve Reanimasyon Derne* 1999;**27**(4):193–7. [EMBASE: 1999190725]
- Vinik 1999** *{published data only}*
 * Vinik HR. Intraocular pressure changes during rapid sequence induction and intubation: a comparison of rocuronium, atracurium

and succinylcholine. *Journal of Clinical Anesthesia* 1999;**11**(2):95–100. [MEDLINE: 10386278]

Weiss 1997 {published data only}

* Weiss JH, Gratz I, Goldberg ME, Afshar M, Insinga F, Larijani G. Double-blind comparison of two doses of rocuronium and succinylcholine for rapid-sequence intubation. *Journal of Clinical Anesthesia* 1997;**9**(5):379–82. [MEDLINE: 9257203]

Yorukoglu 2003 {published data only}

* Yorukoglu D, Asik Y, Okten F. Rocuronium combined with i.v. lidocaine for rapid tracheal intubation. *Acta Anaesthesiologica Scandinavica* 2003;**47**:583–7. [MEDLINE: 12699517]

References to studies excluded from this review

Combs 1994 {published data only}

Combs JM, Combs GN. A literature review of the newest muscle relaxant: ORG 9426. *CRNA: the clinical forum for nurse anesthetists* 1994;**5**(3):104–12. [MEDLINE: 7950995]

Demirkiran 2001 {published data only}

Demirkiran O. The Effects of Rocuronium on the Intraocular Pressure [Rokuronyumun Goz Ici Basincina Etkisi]. *Gulbano Tip Dergisi* 2001;**43**(4):369–73. [CENTRAL: CN–00425302]

Dobson 1999 {published data only}

Dobson AP, McCluskey A, Meakin G, Baker RD. Effective time to satisfactory intubation conditions after administration of rocuronium in adults. Comparison of propofol and thiopentone for rapid sequence induction of anaesthesia. *Anaesthesia* 1999;**54**(2):172–6. [MEDLINE: 10215713]

Dubois 1992 {published data only}

Dubois MY, Lapeyre G, Lea D, Tran DQ, Kateria BK. Pharmacodynamic effects of three doses of ORG 9426 used for endotracheal intubation in humans. *Journal of Clinical Anesthesia* 1992;**4**(6):472–5. [MEDLINE: 1457115]

Guler 1996 {published data only}

Guler T, Ozbek H, Isik G, Gunduz M, Oral U. Comparison of endotracheal intubating conditions of rocuronium and succinylcholine. *Turk Anest Rean Cem Mecmuasi* 1996;**24**:68–72. [EMBASE: EMBASE 1996174973]

Hemmerling 2000 {published data only}

Hemmerling TM, Schmidt J, Wolf T, Klein P, Jacobi K. Comparison of succinylcholine with two doses of rocuronium using a new method of monitoring neuromuscular block at the laryngeal muscles by surface laryngeal electromyography. *British Journal of Anaesthesia* 2000;**85**(2):251–5. [PUBMED: 10992834]

Huizinga 1992 {published data only}

Huizinga AC, Vandenbrom RH, Wierda JM, Hommes FD, Henis PJ. Intubating conditions and onset of neuromuscular block of rocuronium (org 9426); a comparison with suxamethonium. *Acta Anaesthesiologica Scandinavica* 1992;**36**(5):463–8. [MEDLINE: 1321542]

Karcioglu 2005 {published data only}

Karcioglu O, Arnold J, Topacoglu H, Ozucelik DN, Kiran S, Sonmez N. Succinylcholine or rocuronium? A meta-analysis of the effects on intubation conditions. *International Journal of Clinical Practice* 2005;**60**:1638–46. [EMBASE: 2006558525]

Lam 1997 {published data only}

Lam AM, Pavlin EG. Rocuronium versus succinylcholine-atracurium for tracheal intubation and maintenance relaxation. *European Journal of Anaesthesiology* 1997;**14**(Suppl. 16):13. [CENTRAL: CN–00330684]

Martin 1998 {published data only}

Martin R, Carrier J, Pirlet M, Claprood Y, Tetrault JP. Rocuronium is the best non-depolarizing relaxant to prevent succinylcholine fasciculations and myalgia. *Canadian Journal of Anaesthesia* 1998;**45**(6):521–5. [MEDLINE: 9669004]

Naguib 1994b {published data only}

Naguib M. Neuromuscular effects of rocuronium bromide and mivacurium chloride administered alone and in combination. *Anesthesiology* 1994;**81**(2):388–95. [MEDLINE: 8053589]

Ortiz-Gomez 2005 {published data only}

Ortiz-Gomez JR, Carrascosa F, Perez-Cajaraville JJ, Percaz-Bados JA, Anez C. Comparative study of intubating conditions at the first minute with suxamethonium, rocuronium and different priming techniques of rocuronium. *European Journal of Anaesthesiology* 2005;**22**:263–8. [MEDLINE: 15892403]

Robertson 2004 {published data only}

Robertson EN, Driessen JJ, Boon LHDJ. Suxamethonium administration prolongs the duration of action of subsequent rocuronium. *European Journal of Anaesthesiology* 2004;**21**:734–7. [MEDLINE: 15595587]

Scott 1998 {published data only}

Scott RP. Onset times and intubating conditions. *British Journal of Anaesthesia* 1998;**80**(4):417–9. [MEDLINE: 9640142]

Vianna 1997 {published data only}

Vianna PT, Castiglia YM, Ganem EM, Takata IH, Braz JR, Curi PR. Onset time and intubating conditions of rocuronium and succinylcholine. *Revista Brasileira de Anestesiologia* 1997;**47**(5):401–7. [EMBASE: 1997304088]

Vincent 1996 {published data only}

Vincent MO, Schippers HC, de Lange JJ. Rocuronium versus succinylcholine versus vecuronium. *Nederland Tijdschrift voor Anesthesiologie* 1996;**9**:132. [CENTRAL: CN–00251009]

Woolf 1997 {published data only}

Woolf RL, Crawford MW, Choo SM. Dose-response of rocuronium bromide in children anesthetized with propofol a comparison with succinylcholine. *Anesthesiology* 1997;**87**(6):1368–72. [MEDLINE: 9416722]

References to studies awaiting assessment

Mencke 2005 {published data only}

Turkmen 2004 {published data only}

Additional references

Danzl 2000

Danzl DF. Tracheal intubation and mechanical ventilation. In: Tintinalli JE, Kelen GD, Stapczynski JS editor(s). *Emergency Medicine - A comprehensive study guide*. Toronto: McGraw-Hill, 2000:85–96.

Goldberg 1989

Goldberg ME, Larijani GE, Azad SS, Sosis M, Seltzer JL, Ascher J, et al. Comparison of tracheal intubating conditions and neuromuscular blocking profiles after intubating doses of mivacurium chloride or succinylcholine in surgical outpatients. *Anesthesia and Analgesia* 1989;**69**(1):93–9. [MEDLINE: 2525886]

Haynes 1994

Haynes RB, Wilczynski N, McKibbin KA, Walker CJ, Sinclair JC. Developing optimal search strategies for detecting clinically sound studies in MEDLINE. *Journal American Medical Informatics Association* 1994;**1**(6):447–58. [MEDLINE: 7850570]

Lebowitz 1989

Lebowitz PW, Ramsey FM. Muscle relaxants. *Clinical Anesthesia* 1989;**1**:344–6.

RevMan 5.0

The Nordic Cochrane Centre, The Cochrane Collaboration. Review Manager (RevMan) Version 5.0. Copenhagen: The Nordic Cochrane Centre, The Cochrane Collaboration, 2007.

Sullivan 1994

Sullivan M, Thompson WK, Hill GS. Succinylcholine induced cardiac arrest in children with undiagnosed myopathy. *Canadian Journal of Anaesthesia* 1994;**41**(6):497–501. [MEDLINE: 8069990]

References to other published versions of this review**Perry 2002**

Perry JJ, Lee J, Wells G. Are intubation conditions using rocuronium equivalent to those using succinylcholine?. *Academic Emergency Medicine* 2002;**9**(8):813–32.

Perry 2003

Perry J, Lee J, Wells G. Rocuronium versus succinylcholine for rapid sequence induction intubation. *Cochrane Database of Systematic Reviews* 2003, Issue 1. [Art. No.: CD002788. DOI: 10.1002/14651858.CD002788]

* Indicates the major publication for the study

CHARACTERISTICS OF STUDIES**Characteristics of included studies** [ordered by study ID]**Abdulatif 1996**

Methods	RCT Mixed simulated and modified RSI N = 48
Participants	ASA I-II 19-57 years Elective OR Baseline comparison information not provided.

Abdulatif 1996 (Continued)

Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg 3. Atracurium 0.5 mg/kg * 4. above groups with priming dose of Rocuronium * sequence included: fentanyl 2 mcg/kg propofol 2.5-3.0 mg/kg Premedication: diazepam 10 mg po	
Outcomes	1. Intubating conditions (60 sec.)	
Notes	Efficacy analysis	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Alanoglu 2006

Methods	RCT Modified RSI N = 119	
Participants	ASA II-III Adult Controlled hypertensive	
Interventions	1. Succinylcholine 1.0 mg/kg with lidocaine 2. Rocuronium 1mg/kg with lidocaine 3. Succinylcholine 1.0 mg/kg with remifentanyl 4. Rocuronium 1.0 mg/kg with remifentanyl sequences with opiate (remifentanyl) or no opiate and thiopental	
Outcomes	1. Intubating conditions 2. Haemodynamics	
Notes	ITT analysis Turkish	
Risk of bias		

Alanoglu 2006 (Continued)

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Alvarez Rios1997

Methods	RCT Modified RSI N = 40
Participants	ASA I-II Elective OR Mean age 28.5 Mean weight 62.5 kg
Interventions	1. Rocuronium 0.6 mg/kg 2. Mivacurium 0.25 mg/kg* 3. Succinylcholine 1 mg/kg sequence with: no opioid thiopental titrated to response (average 5.3 mg/kg with succinylcholine group and 5.9 mg/kg in rocuronium group) Premedication: midazolam 2 mg
Outcomes	1. Intubating conditions (90 sec.)
Notes	Efficacy analysis Mexican

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Andrews 1999

Methods	RCT Simulated RSI N = 272
---------	---------------------------------

Andrews 1999 (Continued)

Participants	ASA I-V 18-75 years Elective OR Mean age 47.5 Mean weight 61.5 kg
Interventions	1. Rocuronium 0.6 mg/kg 2. Rocuronium 1.0 mg/kg 3. Succinylcholine 1 mg/kg sequence with: no opioid propofol 2.5 mg/kg Premedication: none
Outcomes	1. Intubating conditions (60 sec.)
Notes	Efficacy analysis
Risk of bias	
Item	Authors' judgement Description
Allocation concealment?	Yes A - Adequate

Cheng 2002

Methods	RCT Modified RSI N = 120
Participants	ASA I 1-10 years Elective OR
Interventions	1. Rocuronium 0.6 mg/kg 2. Rocuronium 0.9 mg/kg 3 Succinylcholine 1.5 mg/kg Sequence with: alfentanil 10 mcg/kg thiopentone 5 mg/kg Premedication: none
Outcomes	1. Intubating conditions 30 seconds

Cheng 2002 (Continued)

Notes	ITT analysis Hong Kong	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Chiu 1999

Methods	RCT Simulated RSI N = 30	
Participants	ASA I 18-50 years Elective OR Mean age 32.4 Mean weight 55.6 kg	
Interventions	1. Rocuronium 0.9 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 2 mcg/kg propofol 2 mg/kg Premedication: midazolam 0.15 mg/kg po	
Outcomes	1. IOP 2. Intubating conditions (60 sec.)	
Notes	Efficacy analysis	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Chung 2001

Methods	RCT Simulated RSI N = 61	
Participants	ASA I-II Adult Elective OR Mean age 45.8	
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 2 mcg/kg Thiopental 5 mg/kg lidocaine 20 mg Premedication: none	
Outcomes	1. Intubating conditions (60 sec)	
Notes	Efficacy analysis Taiwan	
<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Cooper 1992

Methods	RCT Modified RSI N = 80	
Participants	ASA I-II 18-65 years Elective OR Mean age 34.5 Mean weight 66.3 kg	
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 1-3 mcg/kg	

Cooper 1992 (Continued)

	thiopentone 3-5 mg/kg Premedication: temazepam 10-20 mg po	
Outcomes	1. Intubating conditions (60 and 90 sec.)	
Notes	Efficacy analysis	
<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Dubois 1991

Methods	RCT Modified RSI N = 24	
Participants	ASA I-II 18-65 years Elective OR Baseline information not provided	
Interventions	1. Rocuronium 0.6mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 1-3 mcg/kg thiopentone 3-5 mg/kg Premedication: Midazolam or droperidol (?doses) Sequence with:	
Outcomes	1. Intubating conditions (90 sec.)	
Notes	Abstract publication of Dubois 1995	
<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Dubois 1995

Methods	RCT Modified RSI N = 24
Participants	ASA I-II 18-65 years Elective OR Baseline information not provided (told groups tested and no difference)
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 1-3 mcg/kg thiopentone 3-5 mg/kg Premedication: midazolam or droperidol (?dose)
Outcomes	1. Intubating conditions (90 sec.)
Notes	Efficacy analysis

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Giudice 1998

Methods	RCT Modified RSI N = 40
Participants	ASA I-II Age 18-56 Mean age uncertain but told groups homogenous Mean weight also homogenous
Interventions	1. Rocuronium 0.3 mg/kg 2. Rocuronium 0.6 mg/kg 3. Rocuronium 0.9 mg/kg 4. Succinylcholine 1 mg/kg Sequence with: fentanyl prn propofol 1.5 mg/kg

Giudice 1998 (Continued)

	Premedication: lorazepam 1 mg p.o. 1 hour prior atropine 0.08 mg/kg few minutes prior	
Outcomes	1. Intubating conditions (between 56 sec and 170 sec) 2. Intubating time 3. Recovery time	
Notes	Italian	
<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Koroglu 2002

Methods	RCT Simulated RSI N = 80	
Participants	ASA I-II Adult females Pregnant	
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1.5 mg/kg Sequence with: either a) propofol 2 mg/kg or b) thiopentone 5 mg/kg Premedication: none	
Outcomes	1. Intubating conditions 2. Haemodynamic effects on mother 3. Physiologic effects on fetus	
Notes	Efficacy analysis Turkish	
<i>Risk of bias</i>		
Item	Authors' judgement	Description

Koroglu 2002 (Continued)

Allocation concealment?	Yes	A - Adequate
-------------------------	-----	--------------

Lam 2000

Methods	RCT Modified RSI N = 30
Participants	ASA I-II 18-65 years Elective OR
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 2 mcg/kg propofol 2.5 mg/kg Premedication: midazolam 2 mg
Outcomes	1. Intubating conditions (60 sec.) 2. onset muscle relaxation 3. offset muscle relaxation
Notes	Efficacy analysis USA

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Larsen 2005

Methods	RCT Simulated RSI N = 209
Participants	ASA I - III >17 years Emergency OR

Larsen 2005 (Continued)

Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: alfentanil 10-20 ug/kg and propofol 2-3 mg/kg Premedication: i.m morphine 30 minutes prior	
Outcomes	1. Intubating conditions (60 sec.) 2. Hemodynamics	
Notes	Efficacy analysis	
<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Latorre 1996

Methods	RCT Modified RSI N = 40	
Participants	ASA I-III Mean age 44.5 Mean weight 73.5 kg	
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 2-3 mcg/kg propofol 1.5-2.0 mg/kg Premedication: none	
Outcomes	1. Intubating conditions (60 sec.) 2. onset time 3. clinical duration 4. % blocked at time of intubation	
Notes	German	
<i>Risk of bias</i>		

Latorre 1996 (Continued)

Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Le Corre 1999

Methods	RCT Modified RSI N = 70
Participants	ASA I-II 18-75 years Elective OR Mean age 47.5 Mean weight 61.5 kg
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg 3. Atracurium 0.5 mg/kg* 4. Mivacurium 0.2 mg/kg* Sequence with: fentanyl 3 mcg/kg propofol 2.5 mg/kg Premedication: alprazolam 0.5 mg/kg po
Outcomes	1. Onset times at the orbicularis oculi 2. intubation conditions
Notes	Efficacy analysis

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Malik 2004

Methods	RCT Simulated RSI N = 60
---------	--------------------------------

Malik 2004 (Continued)

Participants	ASA I-II 20-50 years elective non-ophthalmic surgery
Interventions	1. Rocuronium 0.9 mg/kg 2. Succinylcholine 1.5mg/kg Sequence with an opiate and thiopental
Outcomes	1. Intubation conditions 2. Haemodynamics 3. Intraocular pressure
Notes	Efficacy analysis Indian

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Margorian 1993

Methods	RCT Modified RSI N = 40
Participants	ASA I-III 18-70 years uncertain location Mean age 36 Mean weight 68 kg
Interventions	1. Rocuronium 0.6 mg/kg 2. Rocuronium 0.9 mg/kg 3. Rocuronium 1.2 mg/kg 4. Vecuronium 0.1 mg/kg* 5. Succinylcholine 1 mg/kg Sequence with: fentanyl (?dose) thiopental 2-7 mg/kg Premedication: midazolam 0.02-0.05 mg/kg

Margorian 1993 (Continued)

Outcomes	1. Ablation of T1 (onset) 2. Return of T1 (duration) 3. Intubation Conditions 4. Fasciculations	
Notes	Efficacy analysis	
<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Mazurek 1998

Methods	RCT Simulated RSI N = 26	
Participants	ASA I-III 2-15 years Emergency OR Mean age 6.6 Mean weight 28 kg	
Interventions	1. Rocuronium 1.2 mg/kg 2. Succinylcholine 1.5 mg/kg Sequence with: atropine 0.01 mg/kg no opioid thiopental 5 mg/kg Premedication: none	
Outcomes	1. Onset and quality of muscle paralysis 2. Intubation conditions	
Notes	Efficacy analysis	
<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

McCourt 1998

Methods	RCT Simulated RSI N = 257
Participants	ASA I-IV 18-75 years Emergency and Elective patients in OR Mean age 41.5 Mean weight 71 kg
Interventions	1. Rocuronium 0.6 mg/kg 2. Rocuronium 1.0 mg/kg 3. Succinylcholine 1 mg/kg Sequence with: fentanyl 1-2 mcg/kg thiopentone 5 mg/kg Premedication: none
Outcomes	1. Intubation conditions (3 point scale)
Notes	Efficacy analysis

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Mencke 2006

Methods	RCT Simulated RSI N = 160
Participants	ASA I-II 18-77 years Uncertain location
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1.0 mg/kg Sequence with: fentanyl 3mcg/kg and thiopental 5.0 mg/kg
Outcomes	1. Intubation conditions 2. Intubation time

Mencke 2006 (Continued)

Notes	Efficacy analysis	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Mirakhur 1994

Methods	RCT Modified RSI N = 80	
Participants	ASA I-II 18-65 years ELection OR Mean age 34.5 years Mean weight 66.3kg	
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 1-3 mcg/kg Thiopentone 3-5 mg/kg Premedication: Temazepam 10-20mg po	
Outcomes	1. Intubating conditions (60 & 90 sec.)	
Notes	Duplicate publication of Cooper 1992	

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Mitra 2001

Methods	RCT Modified RSI N = 40	
---------	-------------------------------	--

Mitra 2001 (Continued)

Participants	ASA I-II Adult Elective OR	
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1.5 mg/kg Sequence with: morphine 1 mg/kg propofol 2.0 mg/kg Premedication: diazepam 5 mg	
Outcomes	1. Intraocular pressure 2. Intubating conditions (60 sec.)	
Notes	Efficacy analysis India	
<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Naguib 1994a

Methods	RCT Modified RSI N = 30	
Participants	ASA I-II Elective OR Mean age 33.5 Mean weight 68.4 kg	
Interventions	1. Mivacurium 0.15 mg/kg* 2. Mivacurium in split dose* 3. Rocuronium 0.6 mg/kg 4. Rocuronium 0.6 mg/kg in split dose 5. Mivacurium 0.015 mg/kg then Rocuronium 0.54 mg/kg* 6. Rocuronium 0.06 mg/kg then Mivacurium 0.135 mg/kg* 7. Succinylcholine 1.0 mg/kg Sequence with: incremental doses of fentanyl midazolam 0.03 mg/kg thiopentone 5-7 mg/kg Premedication:	

Naguib 1994a (Continued)

	none
Outcomes	1. Intubation Conditions
Notes	Efficacy analysis
Risk of bias	
Item	Authors' judgement Description
Allocation concealment?	Unclear B - Unclear

Naguib 1997

Methods	RCT Simulated RSI N = 30
Participants	ASA I 3-10 years weight 12-40 kg Elective OR Mean Age 5.0 Mean weight 20.1 kg
Interventions	1. Succinylcholine 1 mg/kg 2. Mivacurium 0.2 mg/kg* 3. Rocuronium 0.6 mg/kg 4. Rocuronium 0.9 mg/kg 5. Mivacurium 0.2 mg/kg+ Rocuronium 0.3 mg/kg* 6. Mivacurium 0.1 mg/kg + Rocuronium 0.45 mg/kg* Sequence with: fentanyl 2 mcg/kg propofol 2 mg/kg Premedication: trimprazine 2 mg/kg po
Outcomes	1. Intubation conditions (60 sec.) 2. TOF at 60 sec. 3. Pharmodynamic study (not used)
Notes	Efficacy analysis
Risk of bias	

Naguib 1997 (Continued)

Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Nelson 1997

Methods	RCT Modified RSI N = 42
Participants	ASA I-II 25-77 years Elective OR Mean age 50 Mean weight 73.5 kg
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 2-3 mcg/kg thiopental 4-5 mg/kg Premedication: midazolam 0.02-0.03 mg/kg
Outcomes	1. Onset time of neuromuscular blocker 2. Intubation conditions
Notes	Efficacy analysis

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Patel 1995

Methods	RCT Modified RSI N = 22
Participants	Uncertain ASA Adult patients Emergency OR Mean age 44.2 Mean weight 74.7 kg

Patel 1995 (Continued)

Interventions	1. Rocuronium 0.6 mg/kg 2. Rocuronium 0.9 mg/kg 3. Succinylcholine 1 mg/kg Sequence with: fentanyl (?dose) thiopental (?dose) Premedication: none	
Outcomes	1. Intubation conditions	
Notes	Efficacy analysis Abstract only	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Puhringer 1992

Methods	RCT Modified RSI N = 30	
Participants	ASA I-II 18-65 years Elective OR Mean age 28.9 Mean weight 66.1 kg	
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: afentanyl 25 mcg/kg propofol up to 2.5 mg/kg Premedication: meperidine 1 mg/kg atropine 0.01 mg/kg	
Outcomes	1. Intubation conditions (60 sec.)	
Notes	Efficacy analysis	

Puhringer 1992 (Continued)

<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Sluga 2005

Methods	RCT Simulated RSI N = 180
Participants	ASA I - IV 18 years or older Emergency OR
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg
Outcomes	1. Intubation conditions 2. Intubation time
Notes	ITT analysis Exact numbers for intubating conditions provided by authors

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Sparr 1996a

Methods	RCT Simulated RSI N = 50
Participants	ASA I-II 18-65 years Elective OR Mean age 31 Mean weight 75.5 kg

Sparr 1996a (Continued)

Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: no opioid thiopentane 6 mg/kg Premedication: none	
Outcomes	1. Intubating conditions 2. fasciculations 3. intubation time (45 sec.)	
Notes	Efficacy analysis	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Sparr 1996b

Methods	RCT Simulated RSI N = 75	
Participants	ASA I-II 18-65 years Elective OR Mean age 34 Mean weight 69 kg	
Interventions	1. Rocuronium 0.6 + Thiopentane 5 mg/kg 2. Rocuronium 0.6 mg/kg + Propofol 2.5 mg/kg * 3. Rocuronium 0.6 mg/kg + Thiopentane 5 mg/kg + Afentanyl 20/kg * 4. Rocuronium 0.6 mg/kg + Propofol 2.5 mg/kg + Afentanyl 20/kg * 5. Succinylcholine 1 mg/kg + Thiopentane 5 mg/kg Sequence with: as above Premedication: none	
Outcomes	1. Intubating conditions 2. Intubating time 3. fasciculations	

Sparr 1996b (Continued)

Notes	Efficacy analysis	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Stevens 1996

Methods	Modified RCT N RSI N = 40	
Participants	ASA I-II 18-65 years Elective OR Mean age 37.6 Mean weight 73.9 kg	
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: fentanyl 3 mcg/kg thiopental up to 7 mg/kg Premedication: midazolam 0.02-0.05 mg/kg i.v	
Outcomes	1. Onset time of neuromuscular blocker 2. Duration of neuromuscular blocker 3. Intubation conditions	
Notes	Efficacy analysis	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Stoddart 1998

Methods	RCT Modified RSI N = 60
Participants	Uncertain ASA 3-15 years Elective OR for tonsillectomy Mean Age 7.5 Mean weight 26.9 kg
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: no opioid propofol 3-4 mg/kg Premedication: paracetamol 20 mg/kg p.o.
Outcomes	1. Intubation conditions 2. Duration of neuromuscular blocker 3. Onset time of neuromuscular blocker
Notes	Efficacy analysis

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Tang 1996

Methods	RCT Modified RSI N = 75
Participants	Uncertain ASA All women getting elective laparoscopic surgery Mean Age 29.4 Mean weight 70.0 kg
Interventions	1. Succinylcholine 1 mg/kg 2. Mivacurium 0.2 mg/kg * 3. Rocuronium 0.6 mg/kg Sequence with:

Tang 1996 (Continued)

	fentanyl 1.5 mcg/kg thiopental 4 mg/kg Premedication: none	
Outcomes	1. Intubating conditions (3 point scale) 2. Neuromuscular effects	
Notes	Efficacy analysis	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Tryba 1994

Methods	RCT Simulated RSI N = 80	
Participants	ASA I-III Adult patients Uncertain type of OR Mean age 31.7 Mean weight 74.5 kg	
Interventions	1. Rocuronium 0.6 mg/kg prior to induction agent 2. Rocuronium 0.6 mg/kg following induction agent (true RSI) 3. Rocuronium 0.56 mg/kg prior to induction agent after Rocuronium primer 0.04 mg/kg 4. Succinylcholine 1.5 mg/kg (with Rocuronium primer 0.04 mg/kg) Sequence with: fentanyl 2 mcg/kg thiopental 6 mg/kg Premedication: lormethazepam 2-3 mg p.o. and clorazepate 0.4 mg/kg p.o.	
Outcomes	1. Intubating conditions	
Notes	ITT analysis	
Risk of bias		
Item	Authors' judgement	Description

Tryba 1994 (Continued)

Allocation concealment?	Unclear	B - Unclear
-------------------------	---------	-------------

Turan 1999

Methods	RCT Modified RSI N = 40
Participants	Uncertain ASA Adult patients Uncertain type of OR Mean age 36.3 years Mean weight 74.5 kg
Interventions	1. Rocuronium 1.2 mg/kg 2. Succinylcholine 1.0 mg/kg Sequence with: No narcotic Thiopentone 6 mg/kg No premedication
Outcomes	1. Intubation conditions 2. SBP
Notes	ITT analysis Turkish

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Vinik 1999

Methods	RCT Modified RSI N = 30
Participants	ASA I-III 18-65 years Elective OR for eye surgery Mean age 41.4 Mean weight 74.5 kg

Vinik 1999 (Continued)

Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1-1.5 mg/kg 3. Atracurium 0.5 mg/kg* Sequence with: afentanyl 0.025 mg/kg propofol 1.5 mg/kg midazolam 0.025 mg/kg Premedication: none	
Outcomes	1. IOP 2. Intubating conditions (60 sec.)	
Notes	Efficacy analysis	
Risk of bias		
Item	Authors' judgement	Description
Allocation concealment?	Unclear	B - Unclear

Weiss 1997

Methods	RCT Simulated RSI N = 45	
Participants	ASA I-II 18-65 years Elective OR Mean age 36.7 Mean weight 73.2 kg	
Interventions	1. Rocuronium 0.7 mg/kg 2. Rocuronium 0.9 mg/kg 3. Succinylcholine 1.5 mg/kg Sequence with: fentanyl 2 mcg/kg thiopental 4-5 mg/kg Premedication: none	
Outcomes	1. Intubating conditions	
Notes	Efficacy analysis	

Weiss 1997 (Continued)

<i>Risk of bias</i>		
Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

Yorukoglu 2003

Methods	RCT Modified RSI N = 50
Participants	ASA I-II Adult OR
Interventions	1. Rocuronium 0.6 mg/kg 2. Succinylcholine 1 mg/kg Sequence with: alfentanyl 10 mcg/kg propofol 2 mg/kg Premedication: atropine 0.5 mg/kg Pethidine 50 mg i.m.
Outcomes	1. Intubating conditions (60 sec.) 2. haemodynamic changes
Notes	Efficacy analysis Turkish

Risk of bias

Item	Authors' judgement	Description
Allocation concealment?	Yes	A - Adequate

* Not used in analysis

ASA status: American Society of Anesthesia score I-IV, determined by health (decreased health as score increases)

ITT: Intention to treat

IOP: intraocular pressure

RCT: Randomized Controlled Trial

RSI: Rapid Sequence Induction

OR: Operating room

Characteristics of excluded studies *[ordered by study ID]*

Combs 1994	Not RCT. Review of topic only.
Demirkiran 2001	Not RCT. Alternated rocuronium then succinylcholine.
Dobson 1999	Only looked at rocuronium with propofol versus rocuronium with thiopental without comparing to succinylcholine.
Dubois 1992	No comparison with succinylcholine.
Guler 1996	Not clear if the study is a randomized controlled study versus a cohort study.
Hemmerling 2000	No outcome of intubation conditions
Huizinga 1992	The control group used not only succinylcholine but also gallamine in the sequence which cannot be controlled for when combining studies.
Karcioglu 2005	Not RCT. Meta-analysis on topic
Lam 1997	Abstract data only. Unclear what intubation scores were based on results given.
Martin 1998	No comparison of single intubating dose of rocuronium versus succinylcholine. Study looks at priming doses of non depolarizing muscle relaxants with succinylcholine only.
Naguib 1994b	No comparison with succinylcholine.
Ortiz-Gomez 2005	RCT but intubation condition data is presented in graphic form only and cannot be reliably extracted
Robertson 2004	No outcome of intubation conditions
Scott 1998	Letter only, not RSI.
Vianna 1997	Does not document intubation scores in paper.
Vincent 1996	Abstract only. Unable to obtain document from North American source. Will reconsider if able to obtain in future.
Woolf 1997	Did not record intubating conditions, measures other parameters only.

RCT = randomized controlled trial

DATA AND ANALYSES

Comparison 1. Rocuronium any dose versus succinylcholine

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Excellent versus other intubation conditions	37	2690	Risk Ratio (M-H, Random, 95% CI)	0.86 [0.80, 0.92]
1.1 Simulated RSI	16	1709	Risk Ratio (M-H, Random, 95% CI)	0.81 [0.72, 0.91]
1.2 Modified RSI	20	933	Risk Ratio (M-H, Random, 95% CI)	0.91 [0.85, 0.98]
1.3 Mixed simulated and modified RSI	1	48	Risk Ratio (M-H, Random, 95% CI)	0.05 [0.19, 0.85]
2 Acceptable versus suboptimal intubation conditions	36	2571	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.93, 0.99]
2.1 Simulated RSI	15	1590	Risk Ratio (M-H, Random, 95% CI)	0.94 [0.89, 1.00]
2.2 Modified RSI	20	933	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.95, 1.01]
2.3 Mixed simulated and modified RSI	1	48	Risk Ratio (M-H, Random, 95% CI)	0.71 [0.55, 0.93]

Comparison 2. Rocuronium specific dose versus succinylcholine

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Excellent versus other intubation conditions	37	2791	Risk Ratio (M-H, Random, 95% CI)	0.87 [0.81, 0.93]
1.1 Rocuronium 0.6-0.7mg/kg	30	1782	Risk Ratio (M-H, Random, 95% CI)	0.81 [0.73, 0.90]
1.2 Rocuronium 0.9-1.0mg/kg	11	923	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.89, 1.02]
1.3 Rocuronium 1.2mg/kg	3	86	Risk Ratio (M-H, Random, 95% CI)	0.93 [0.75, 1.15]
2 Acceptable versus suboptimal intubation conditions	36	2672	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.93, 0.99]
2.1 Rocuronium 0.6-0.7mg/kg	30	1782	Risk Ratio (M-H, Random, 95% CI)	0.95 [0.90, 1.00]
2.2 Rocuronium 0.9-1.0mg/kg	10	804	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.95, 1.01]
2.3 Rocuronium 1.2mg/kg	3	86	Risk Ratio (M-H, Random, 95% CI)	1.01 [0.80, 1.25]

Comparison 3. Rocuronium versus succinylcholine for induction agent

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Excellent versus other intubation conditions	37	2690	Risk Ratio (M-H, Random, 95% CI)	0.86 [0.80, 0.92]
1.1 Propofol	16	1183	Risk Ratio (M-H, Random, 95% CI)	0.88 [0.80, 0.97]
1.2 Thiopental	22	1507	Risk Ratio (M-H, Random, 95% CI)	0.83 [0.76, 0.92]
2 Acceptable versus suboptimal intubation conditions	36	2571	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.93, 0.99]
2.1 Propofol	16	1183	Risk Ratio (M-H, Random, 95% CI)	0.98 [0.94, 1.02]
2.2 Thiopental	21	1388	Risk Ratio (M-H, Random, 95% CI)	0.94 [0.89, 1.00]

Comparison 4. Rocuronium versus succinylcholine with narcotic

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Excellent versus other intubation outcomes	28	1972	Risk Ratio (M-H, Random, 95% CI)	0.85 [0.78, 0.92]
1.1 Propofol Induction	12	787	Risk Ratio (M-H, Random, 95% CI)	0.84 [0.74, 0.96]
1.2 Thiopental Induction	16	1185	Risk Ratio (M-H, Random, 95% CI)	0.85 [0.77, 0.94]
2 Acceptable versus suboptimal intubation conditions	27	1913	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.92, 1.00]
2.1 Propofol Induction	12	787	Risk Ratio (M-H, Random, 95% CI)	0.97 [0.92, 1.03]
2.2 Thiopental Induction	15	1126	Risk Ratio (M-H, Random, 95% CI)	0.95 [0.89, 1.01]

Comparison 5. Rocuronium versus succinylcholine without narcotic

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Excellent versus other intubation conditions	9	688	Risk Ratio (M-H, Random, 95% CI)	0.89 [0.78, 1.03]
1.1 Propofol Induction	3	366	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.84, 1.10]
1.2 Thiopental Induction	7	322	Risk Ratio (M-H, Random, 95% CI)	0.82 [0.65, 1.04]
2 Acceptable versus suboptimal intubation conditions	8	628	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.90, 1.02]
2.1 Propofol Induction	3	366	Risk Ratio (M-H, Random, 95% CI)	1.00 [0.88, 1.14]
2.2 Thiopental Induction	6	262	Risk Ratio (M-H, Random, 95% CI)	0.93 [0.84, 1.02]

Comparison 6. Comparison of children and adults

Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Excellent versus other intubation conditions	37	2690	Risk Ratio (M-H, Random, 95% CI)	0.85 [0.79, 0.92]
1.1 Adults	33	2454	Risk Ratio (M-H, Random, 95% CI)	0.84 [0.77, 0.91]
1.2 Children	4	236	Risk Ratio (M-H, Random, 95% CI)	0.95 [0.85, 1.05]
2 Acceptable versus suboptimal intubation conditions	36	2571	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.93, 0.99]
2.1 Adults	32	2335	Risk Ratio (M-H, Random, 95% CI)	0.96 [0.92, 1.00]
2.2 Children	4	236	Risk Ratio (M-H, Random, 95% CI)	0.95 [0.89, 1.01]

Comparison 7. Rocuronium versus succinylcholine in emergency intubation

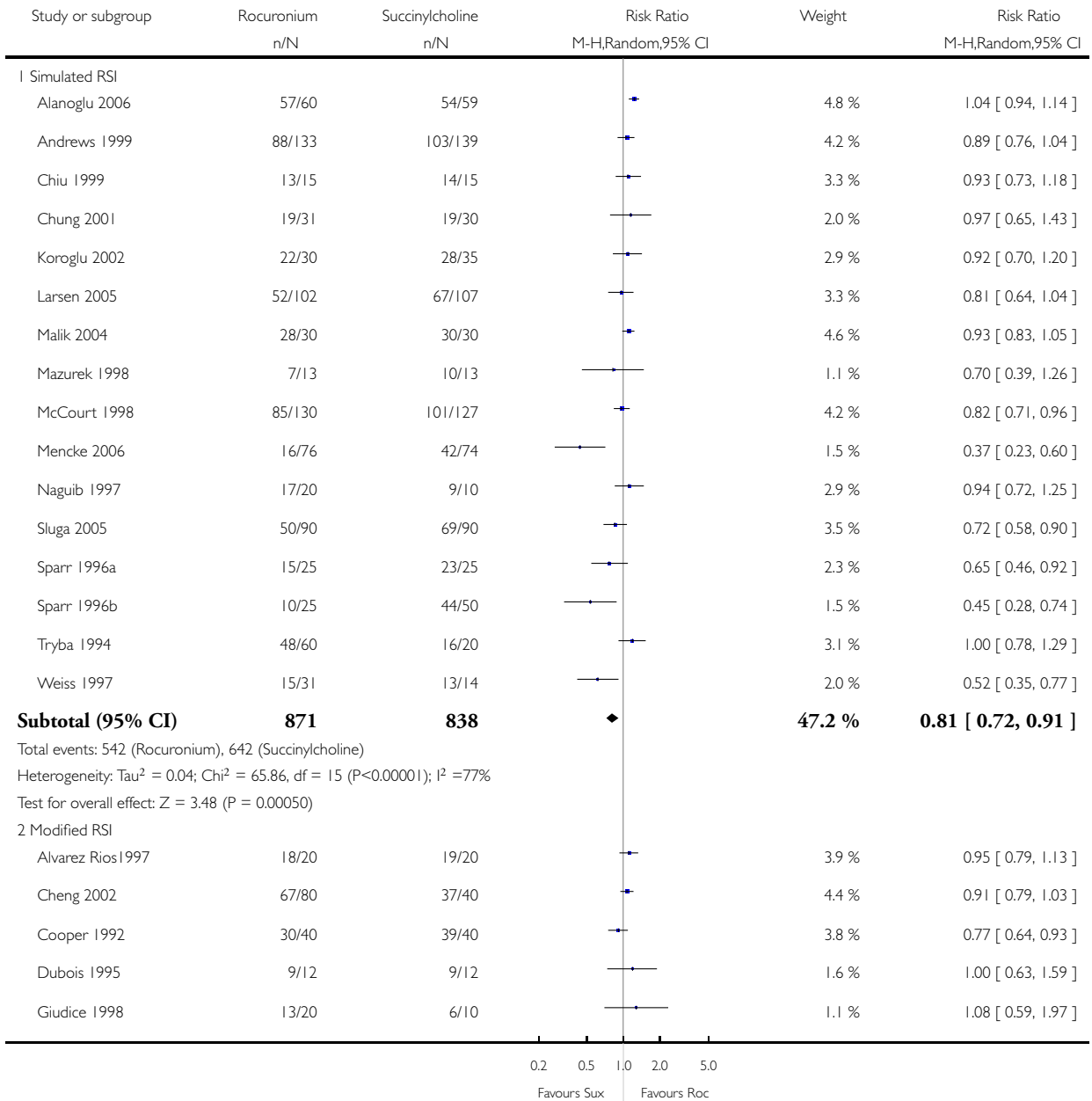
Outcome or subgroup title	No. of studies	No. of participants	Statistical method	Effect size
1 Excellent versus other intubation conditions	4	672	Risk Ratio (M-H, Random, 95% CI)	0.79 [0.71, 0.88]
2 Acceptable versus suboptimal intubation conditions	4	672	Risk Ratio (M-H, Random, 95% CI)	1.00 [0.96, 1.03]

Analysis 1.1. Comparison 1 Rocuronium any dose versus succinylcholine, Outcome 1 Excellent versus other intubation conditions.

Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

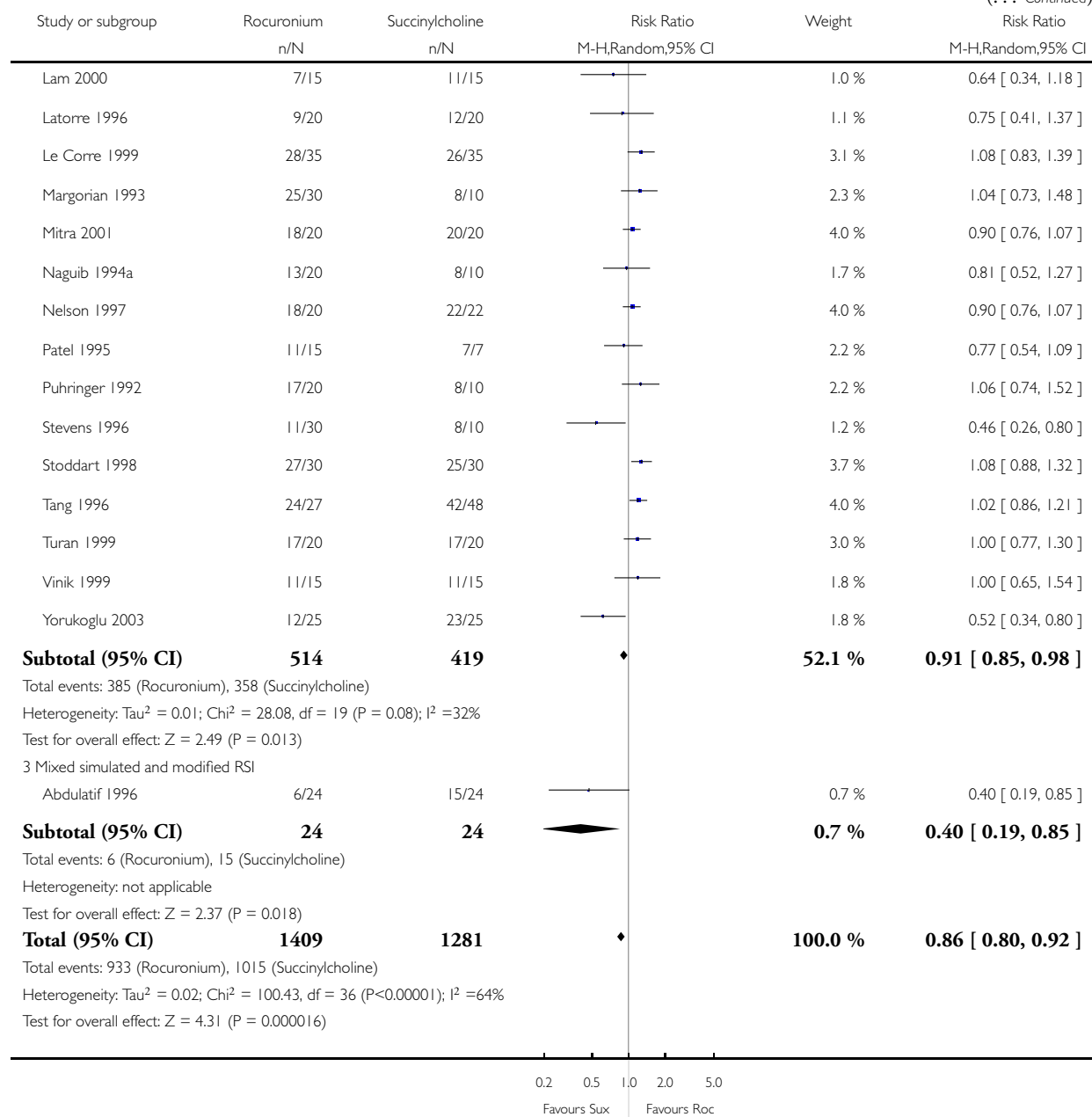
Comparison: 1 Rocuronium any dose versus succinylcholine

Outcome: 1 Excellent versus other intubation conditions



(Continued . . .)

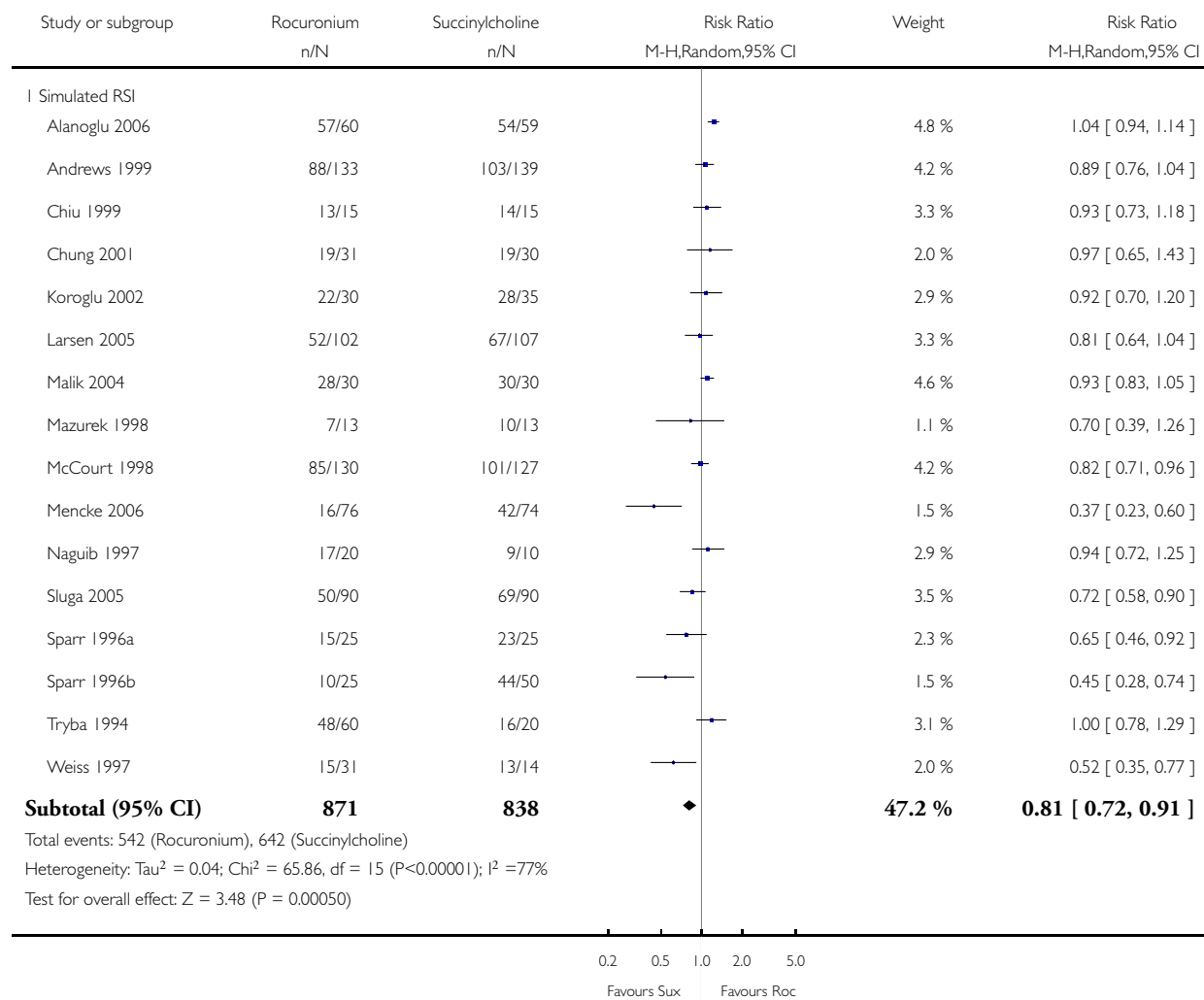
(... Continued)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: I Rocuronium any dose versus succinylcholine

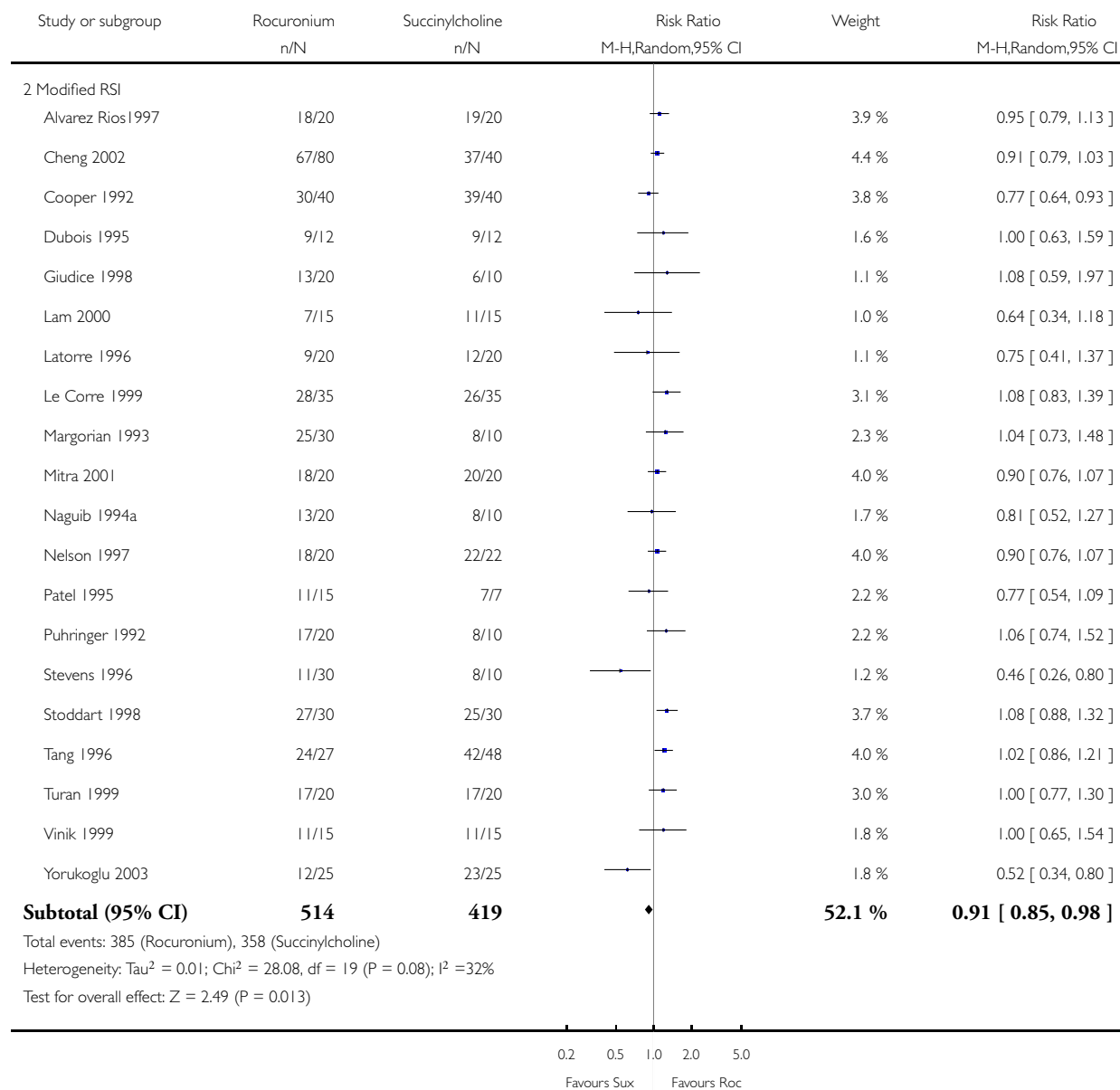
Outcome: I Excellent versus other intubation conditions



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: I Rocuronium any dose versus succinylcholine

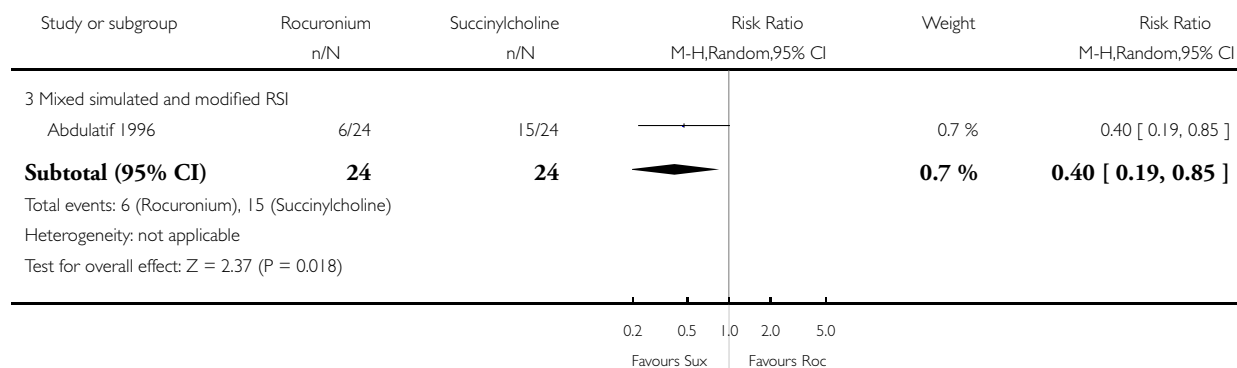
Outcome: I Excellent versus other intubation conditions



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 1 Rocuronium any dose versus succinylcholine

Outcome: 1 Excellent versus other intubation conditions

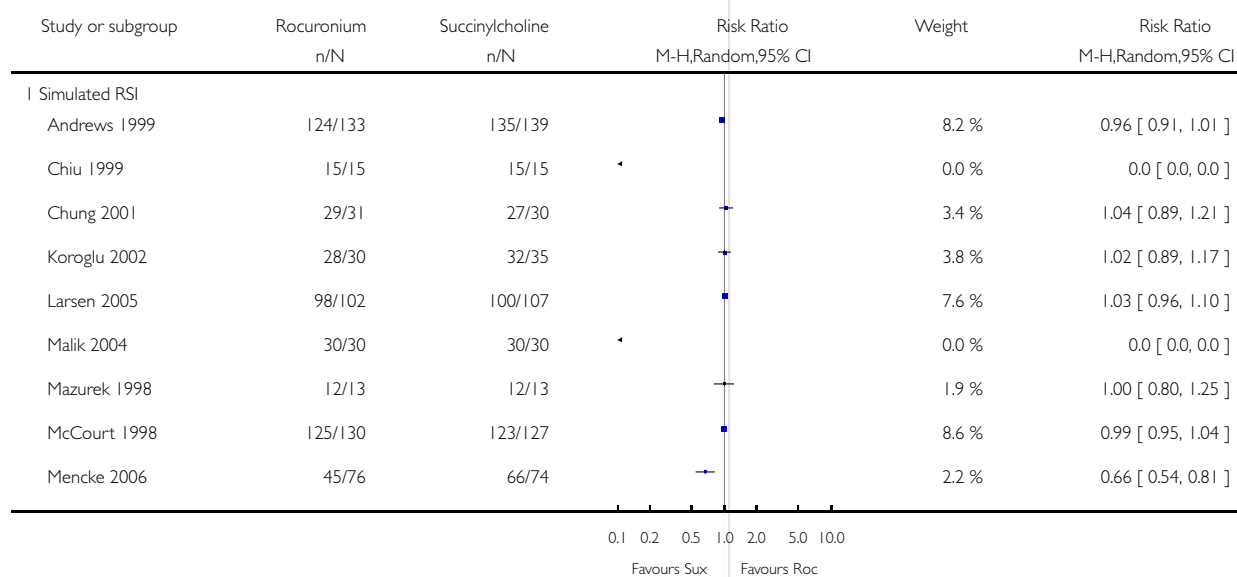


Analysis 1.2. Comparison 1 Rocuronium any dose versus succinylcholine, Outcome 2 Acceptable versus suboptimal intubation conditions.

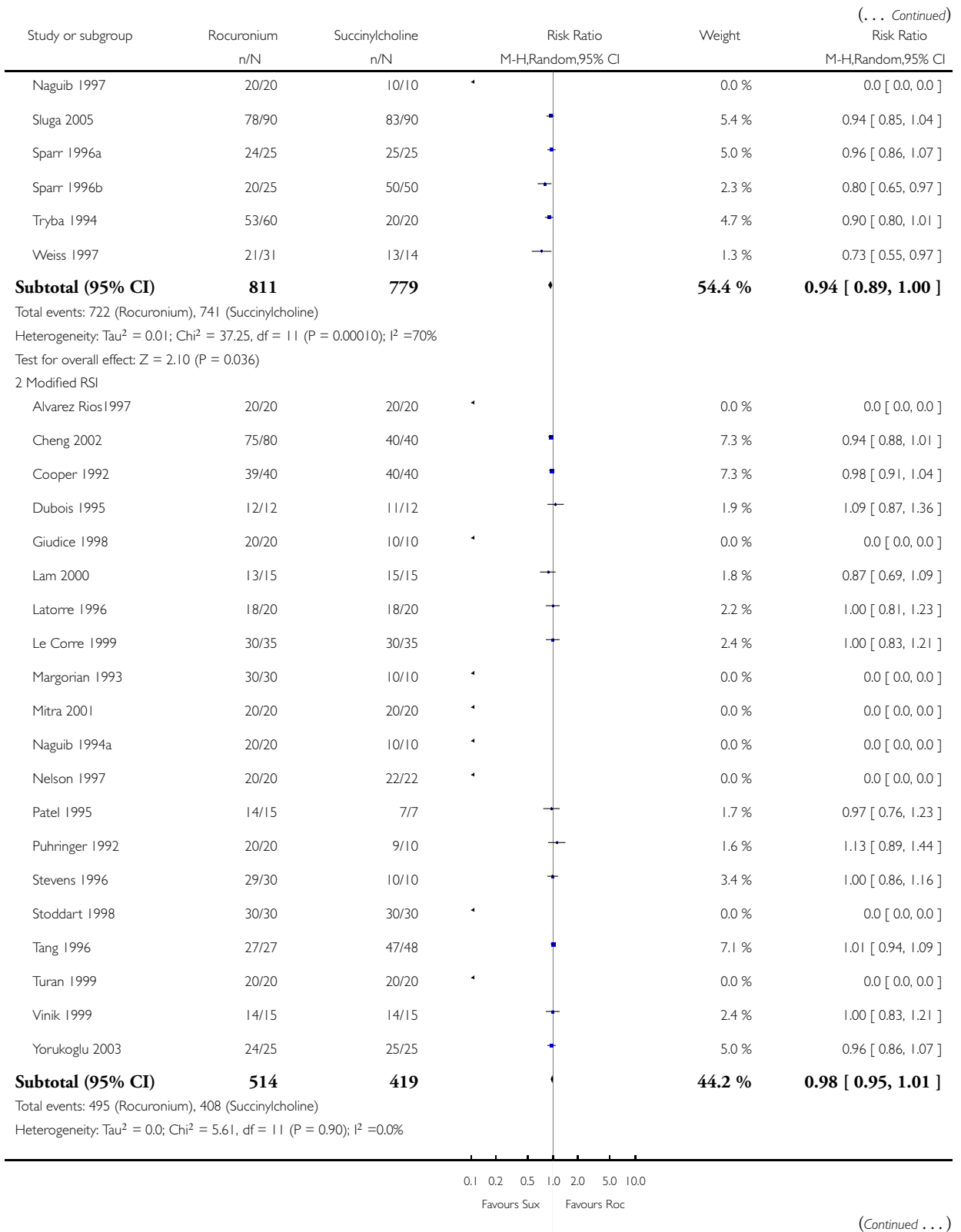
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

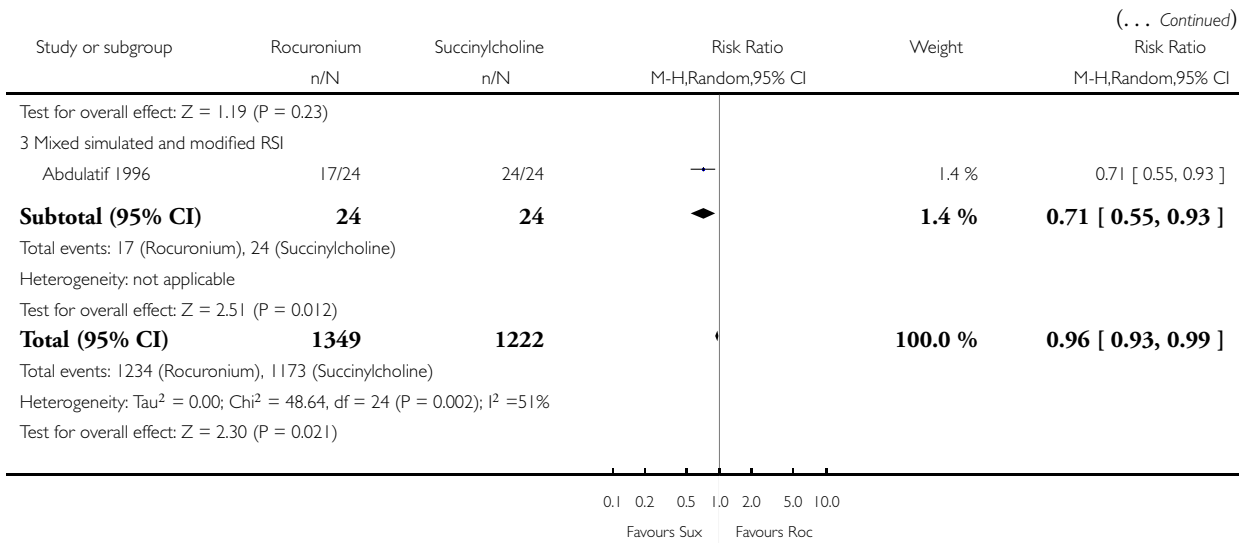
Comparison: 1 Rocuronium any dose versus succinylcholine

Outcome: 2 Acceptable versus suboptimal intubation conditions



(Continued ...)

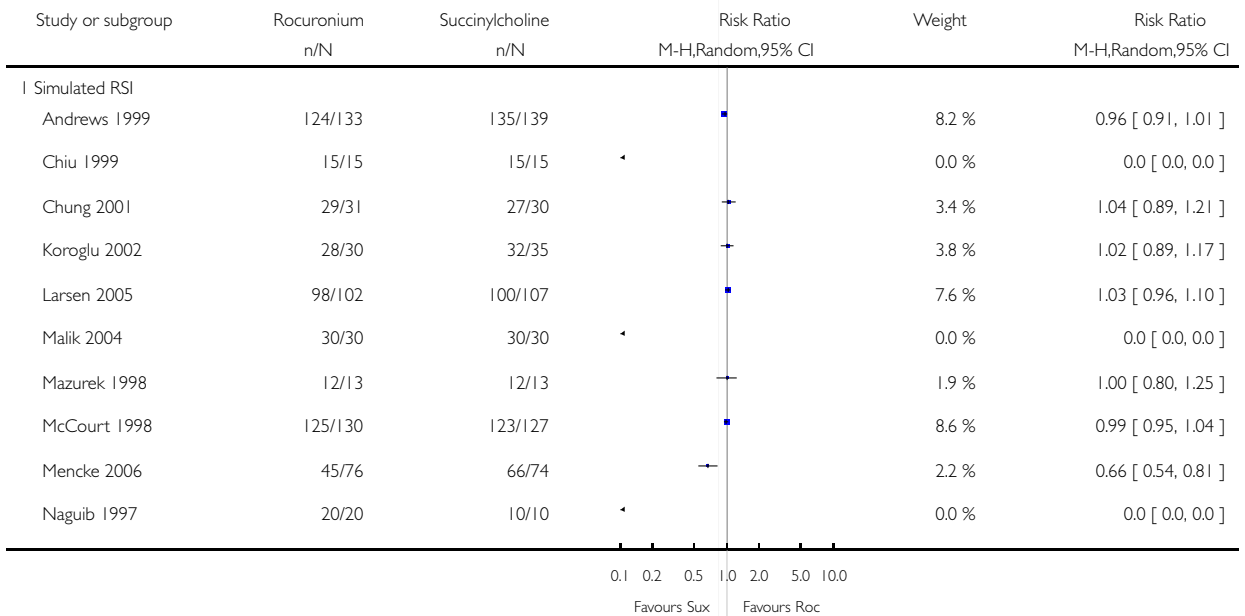




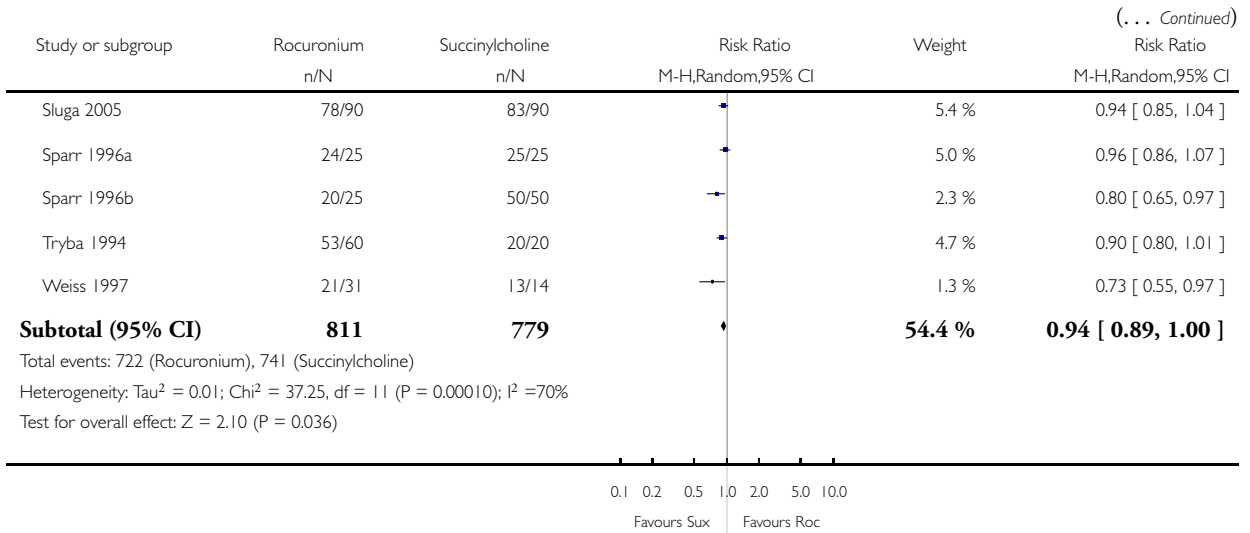
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 1 Rocuronium any dose versus succinylcholine

Outcome: 2 Acceptable versus suboptimal intubation conditions



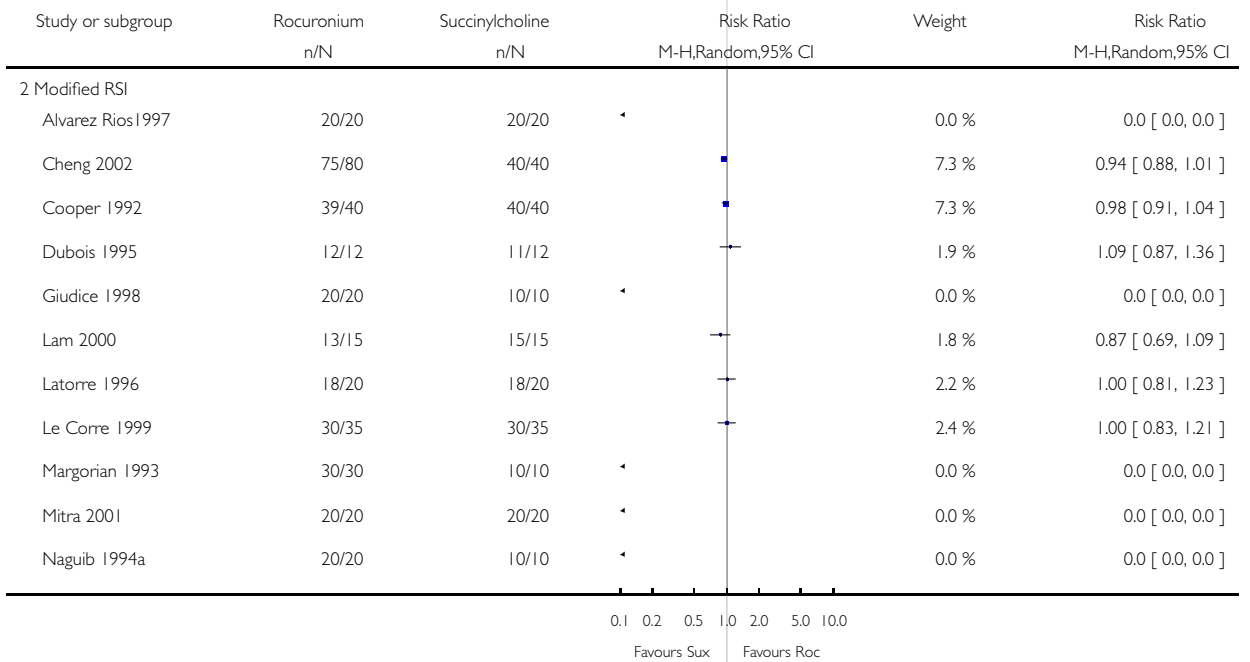
(Continued . . .)



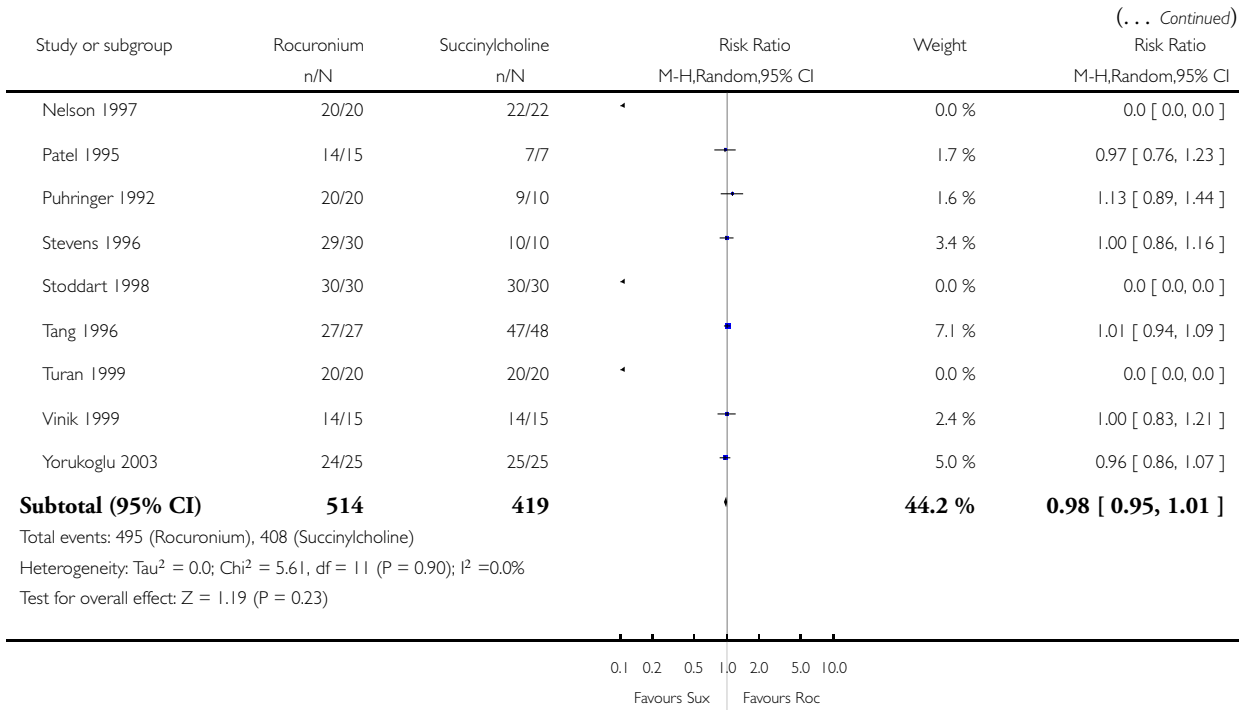
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 1 Rocuronium any dose versus succinylcholine

Outcome: 2 Acceptable versus suboptimal intubation conditions



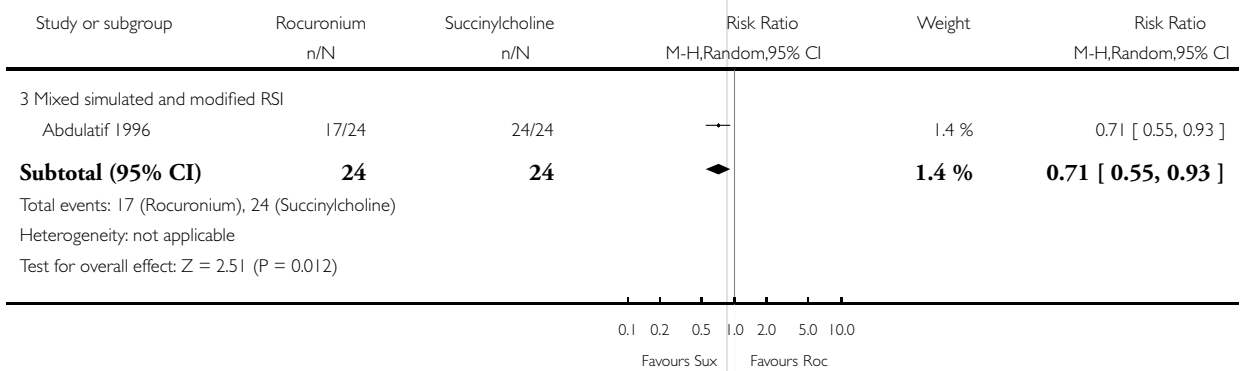
(Continued . . .)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 1 Rocuronium any dose versus succinylcholine

Outcome: 2 Acceptable versus suboptimal intubation conditions

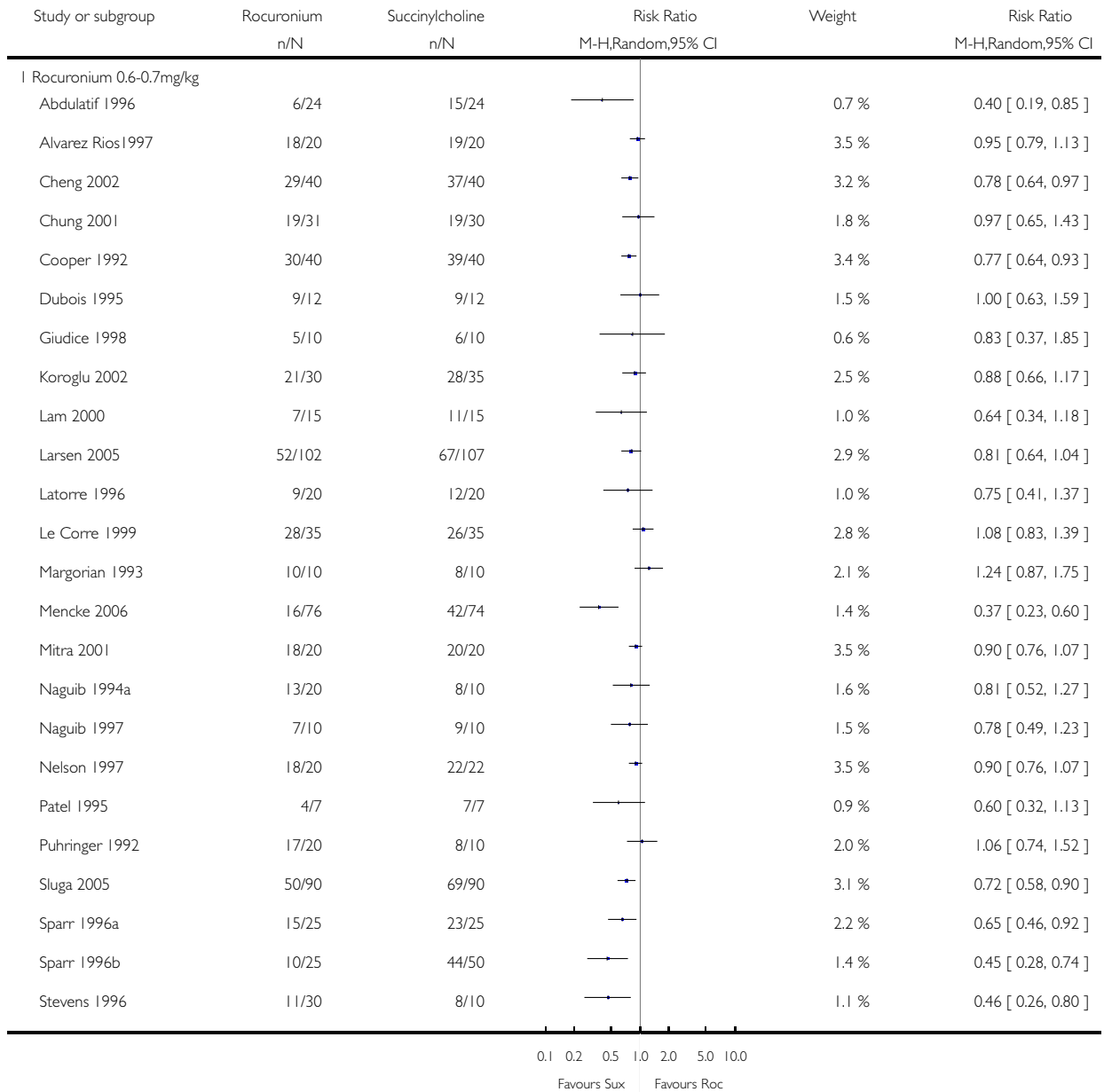


Analysis 2.1. Comparison 2 Rocuronium specific dose versus succinylcholine, Outcome 1 Excellent versus other intubation conditions.

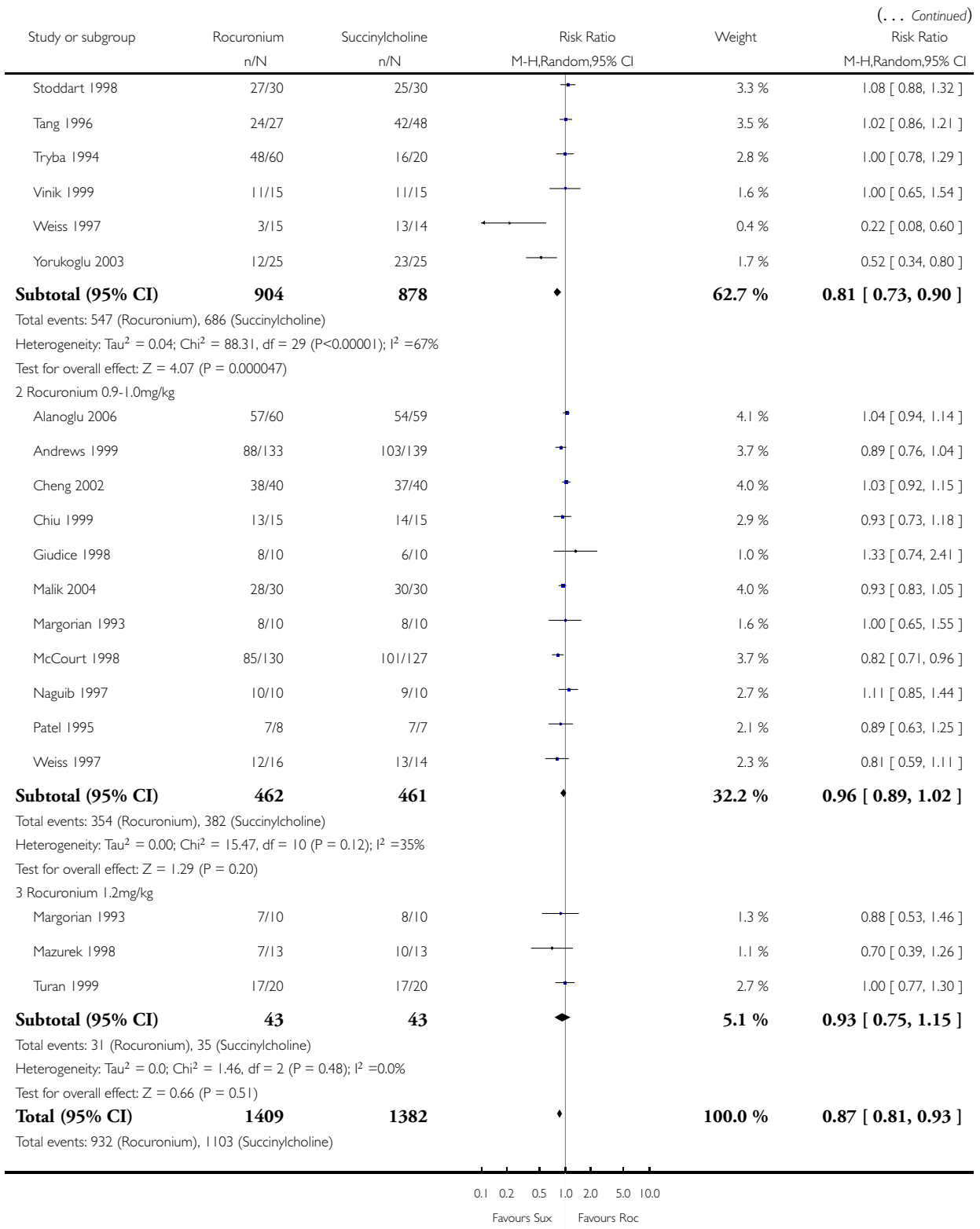
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 2 Rocuronium specific dose versus succinylcholine

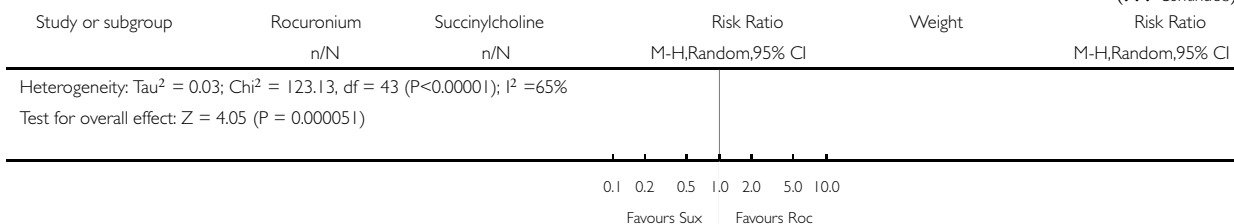
Outcome: 1 Excellent versus other intubation conditions



(Continued . . .)



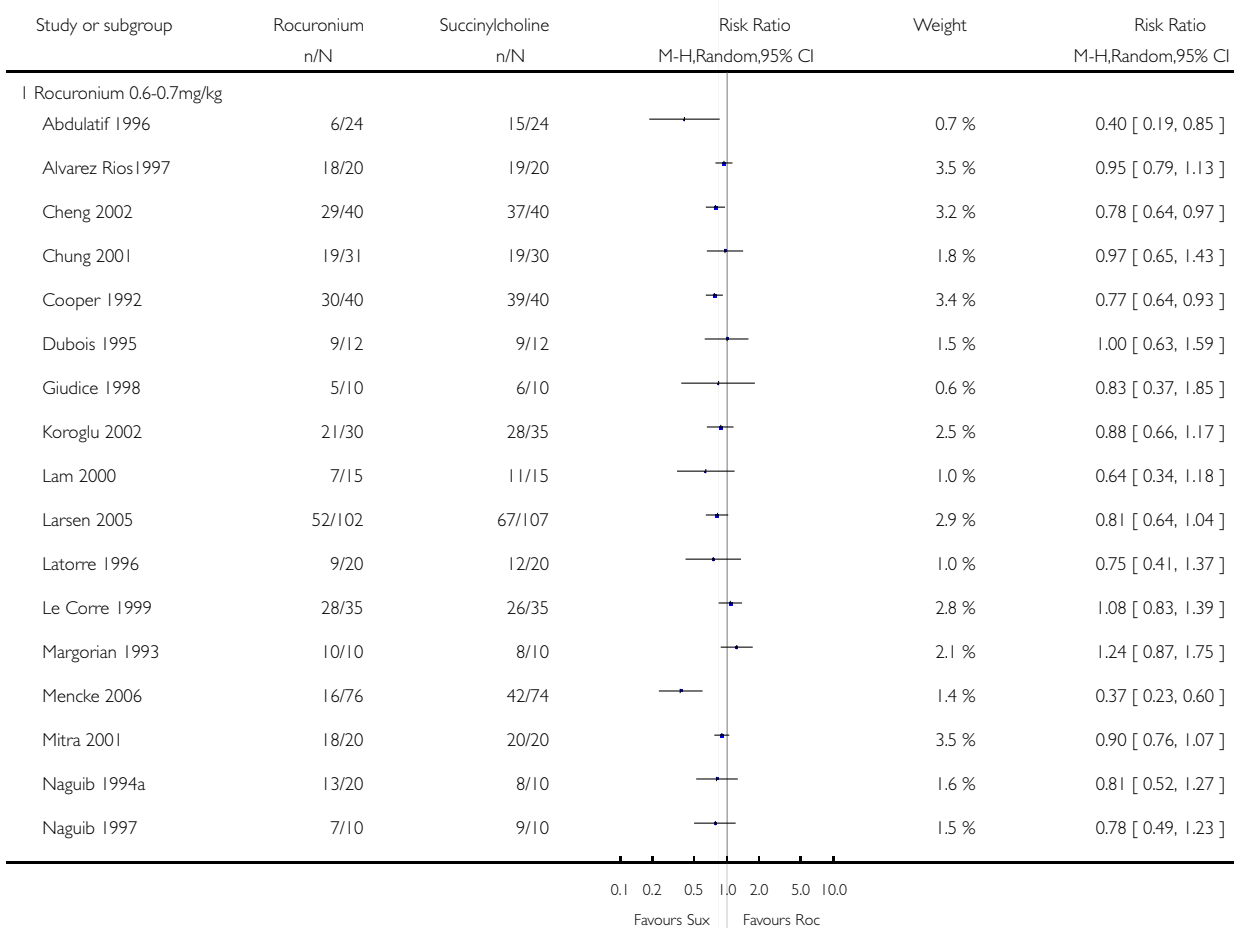
(... Continued)



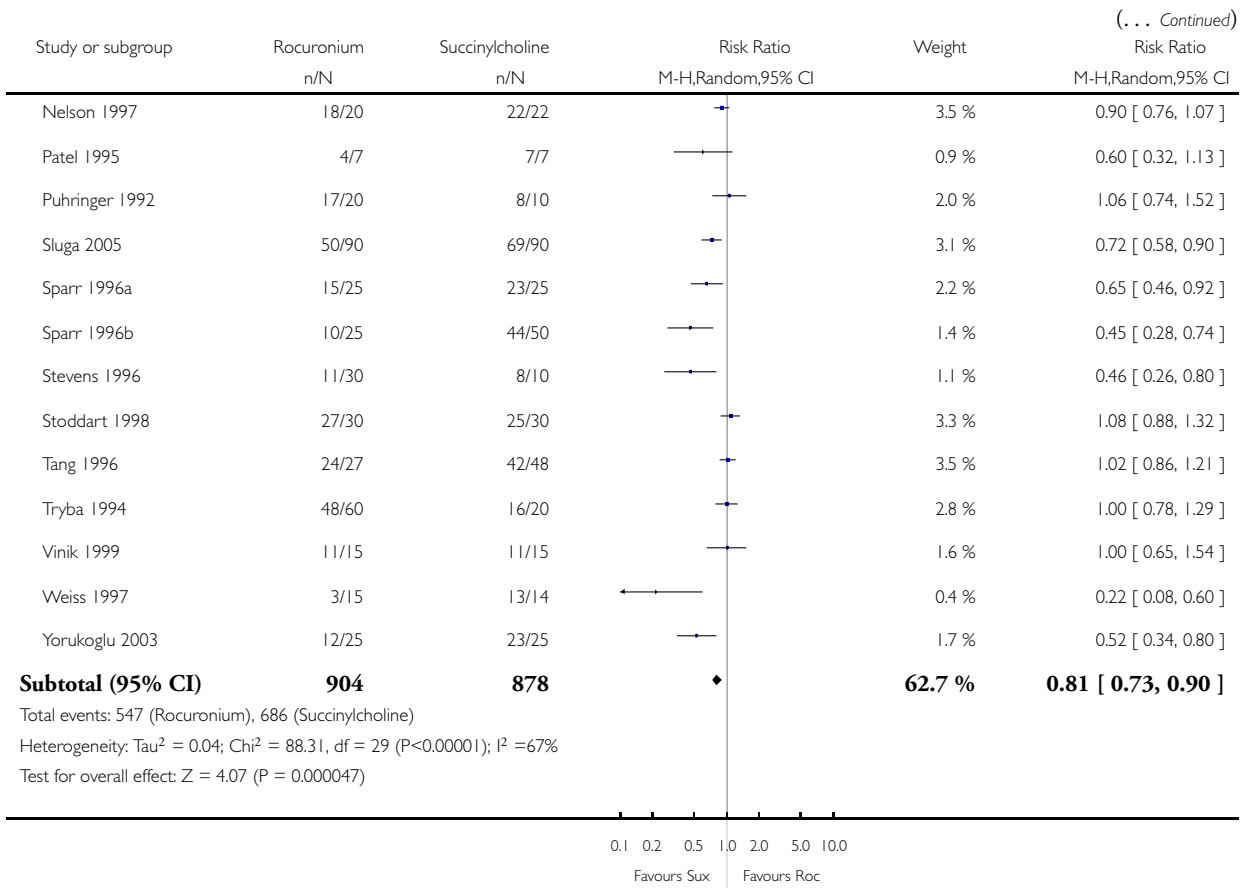
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 2 Rocuronium specific dose versus succinylcholine

Outcome: 1 Excellent versus other intubation conditions



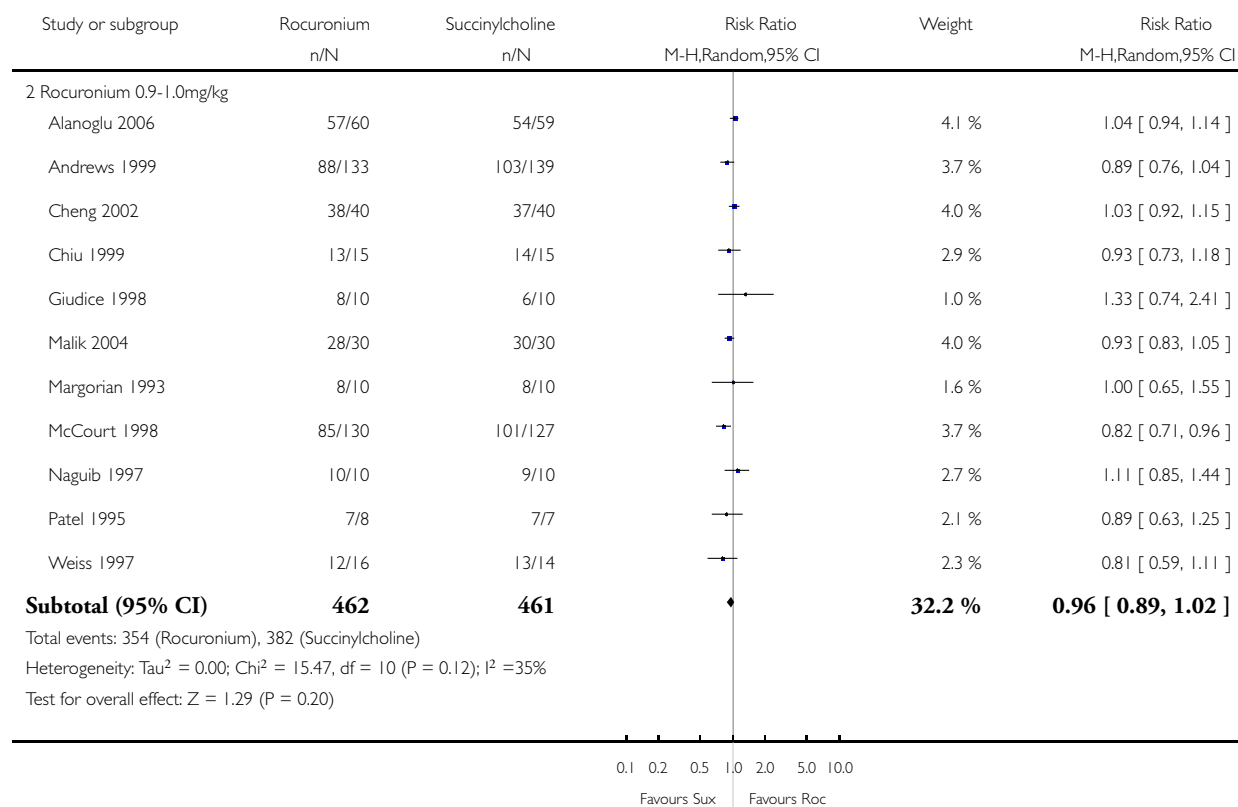
(Continued ...)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 2 Rocuronium specific dose versus succinylcholine

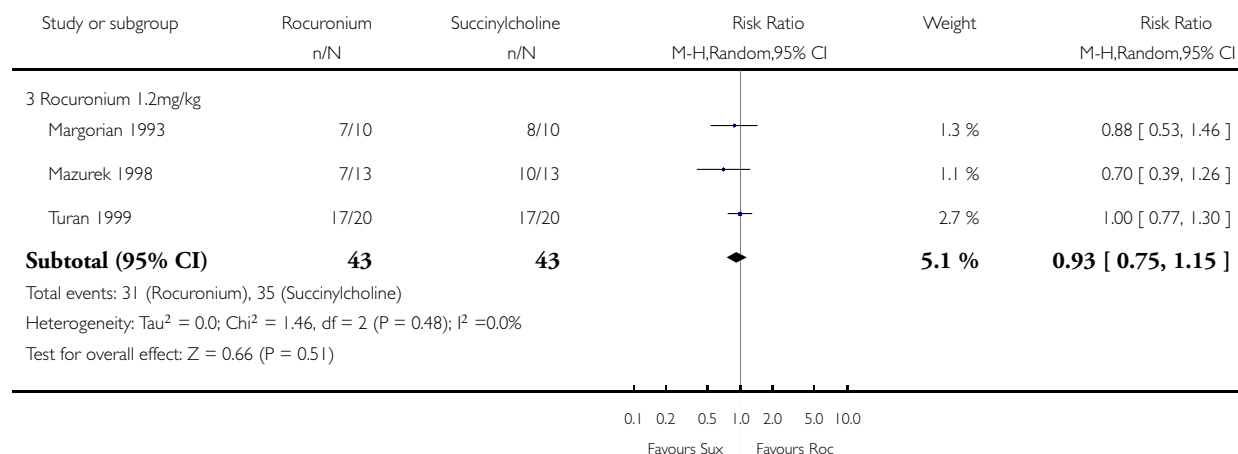
Outcome: 1 Excellent versus other intubation conditions



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 2 Rocuronium specific dose versus succinylcholine

Outcome: 1 Excellent versus other intubation conditions

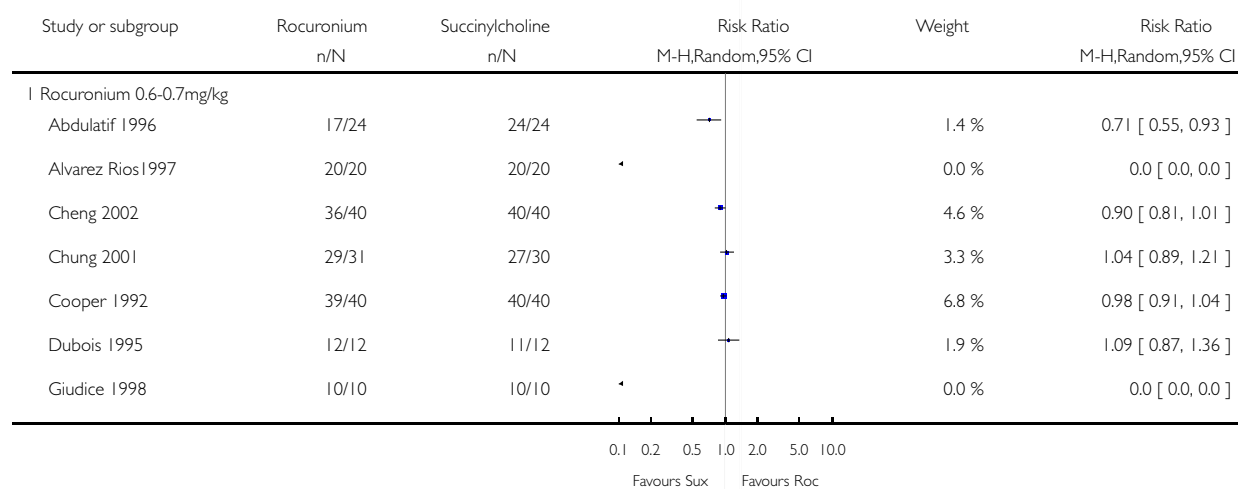


Analysis 2.2. Comparison 2 Rocuronium specific dose versus succinylcholine, Outcome 2 Acceptable versus suboptimal intubation conditions.

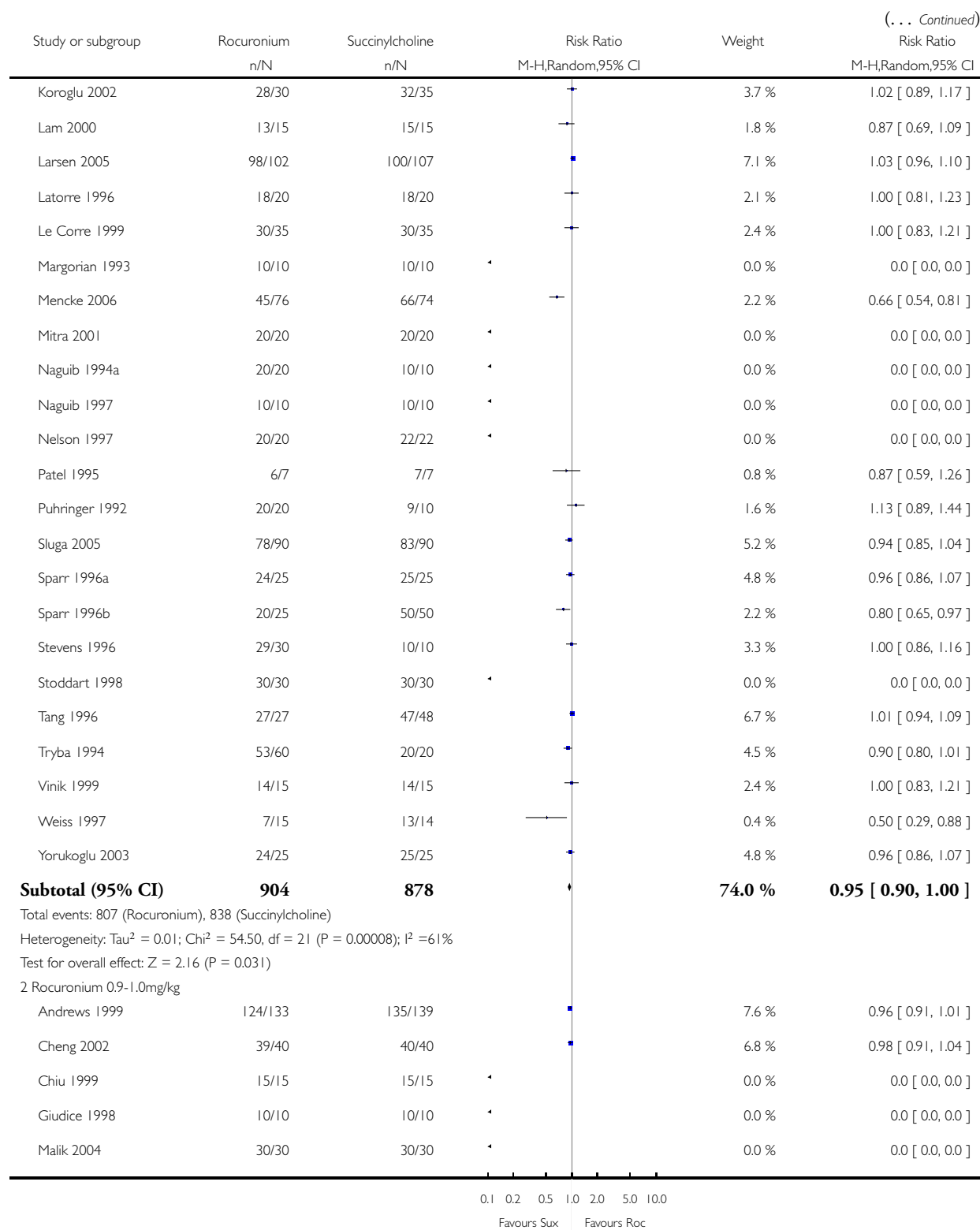
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 2 Rocuronium specific dose versus succinylcholine

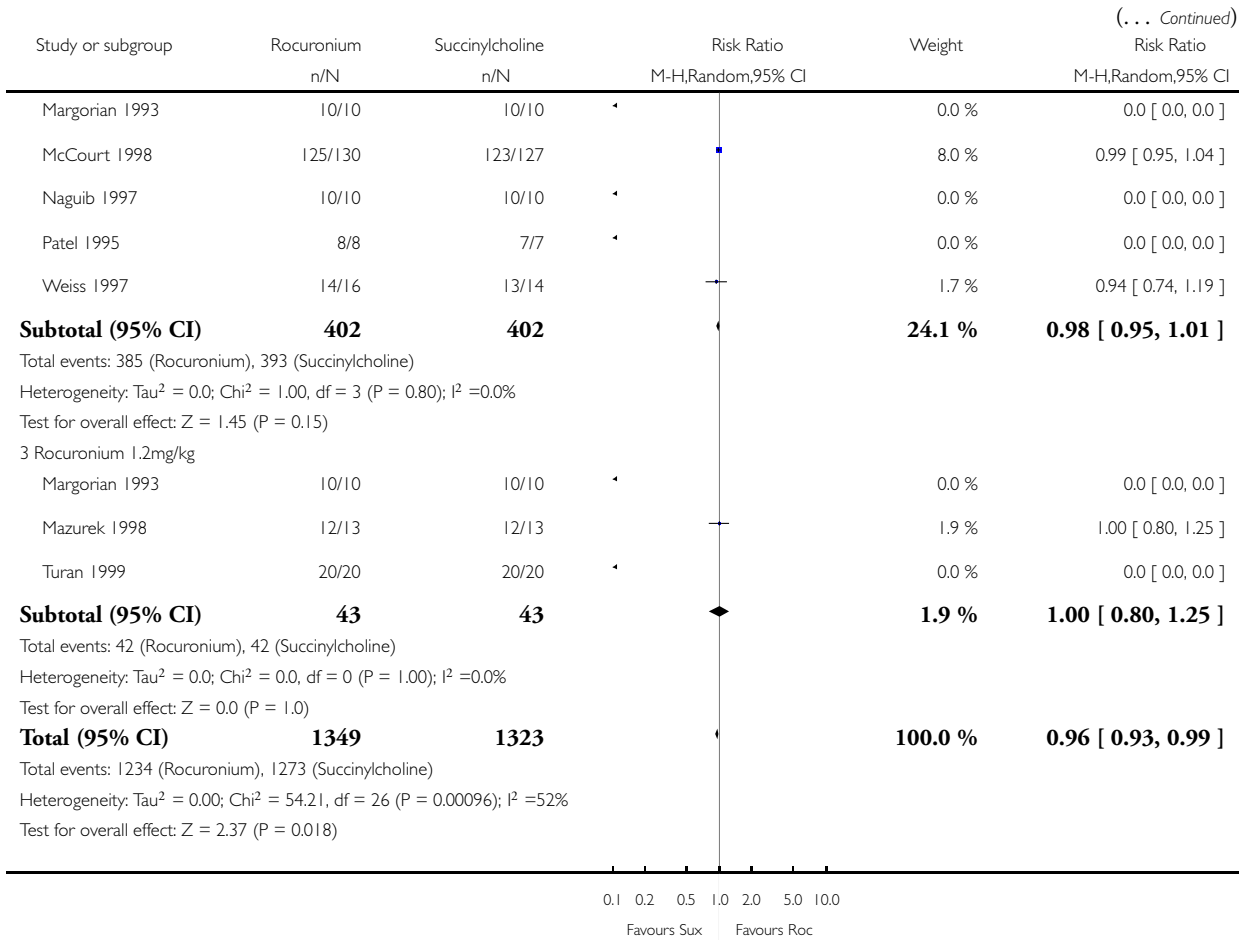
Outcome: 2 Acceptable versus suboptimal intubation conditions



(Continued . . .)



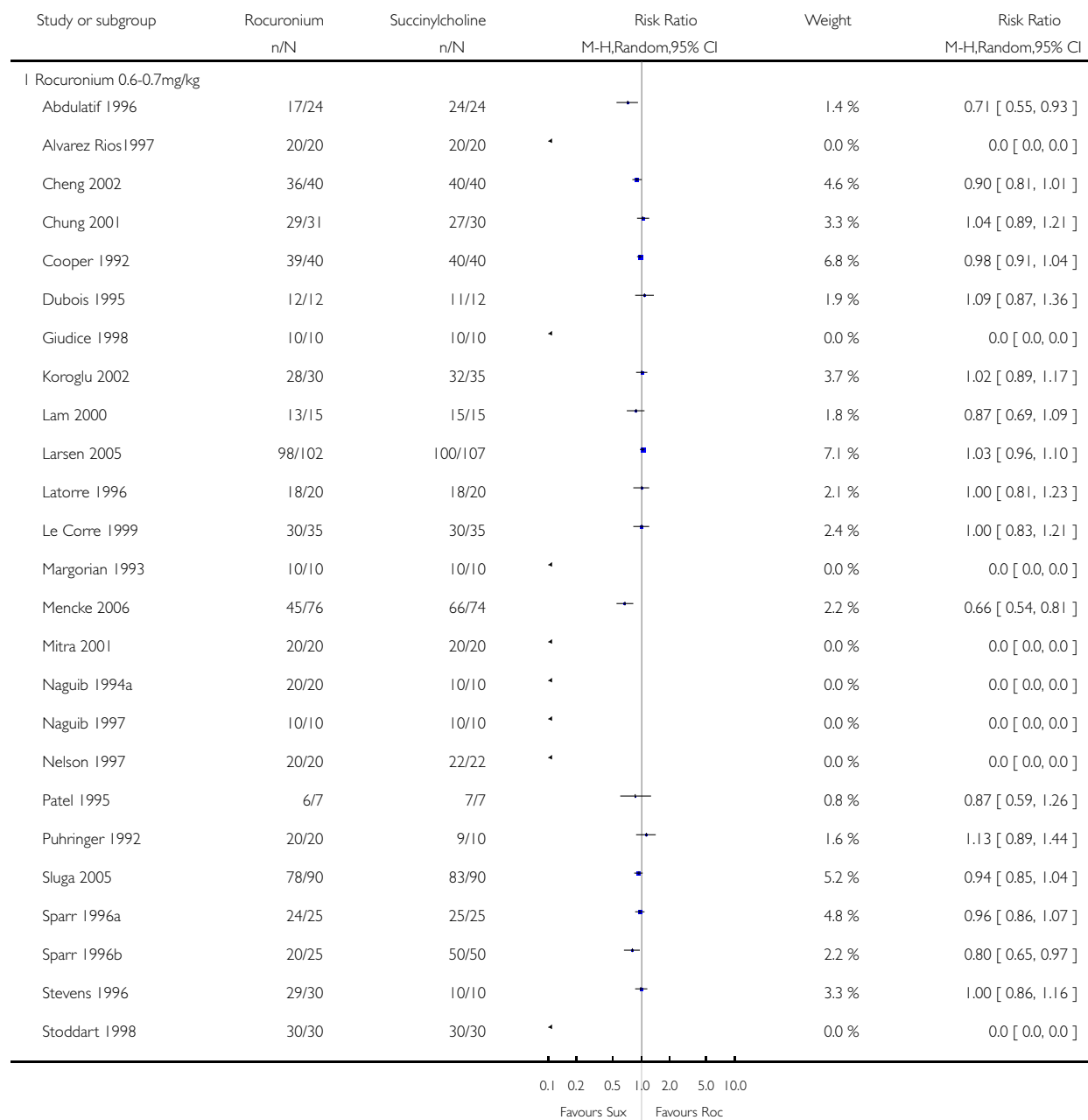
(Continued . . .)



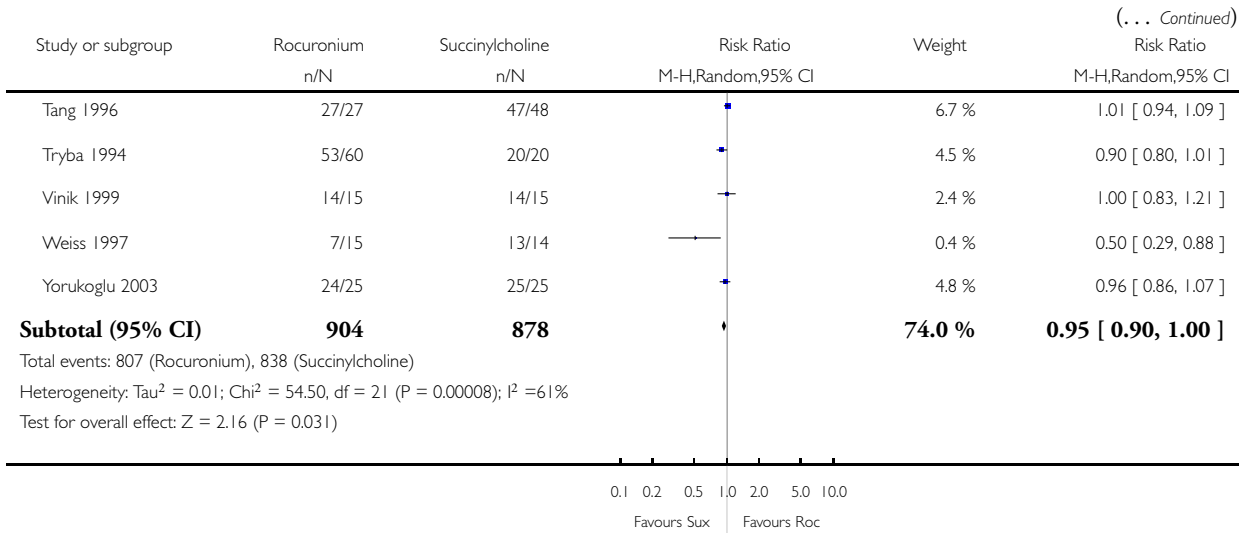
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 2 Rocuronium specific dose versus succinylcholine

Outcome: 2 Acceptable versus suboptimal intubation conditions



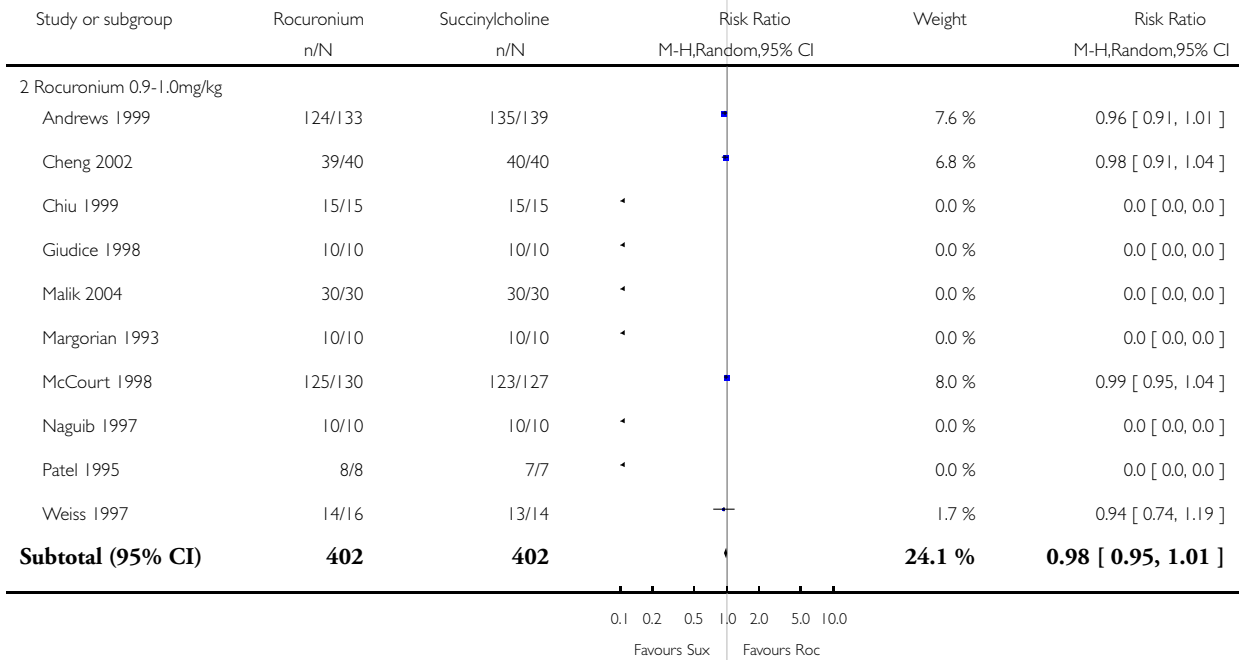
(Continued . . .)



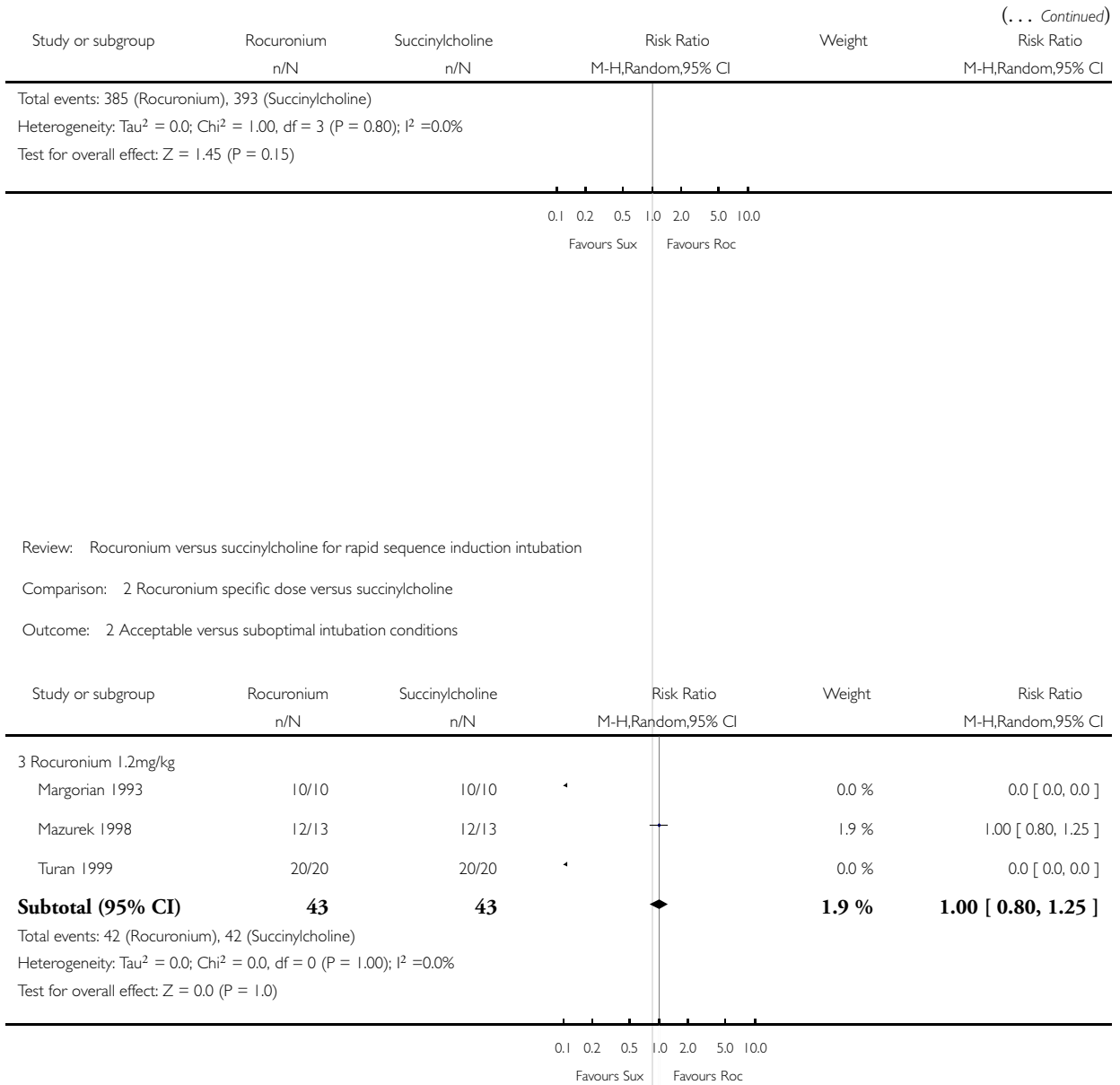
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 2 Rocuronium specific dose versus succinylcholine

Outcome: 2 Acceptable versus suboptimal intubation conditions



(Continued . . .)

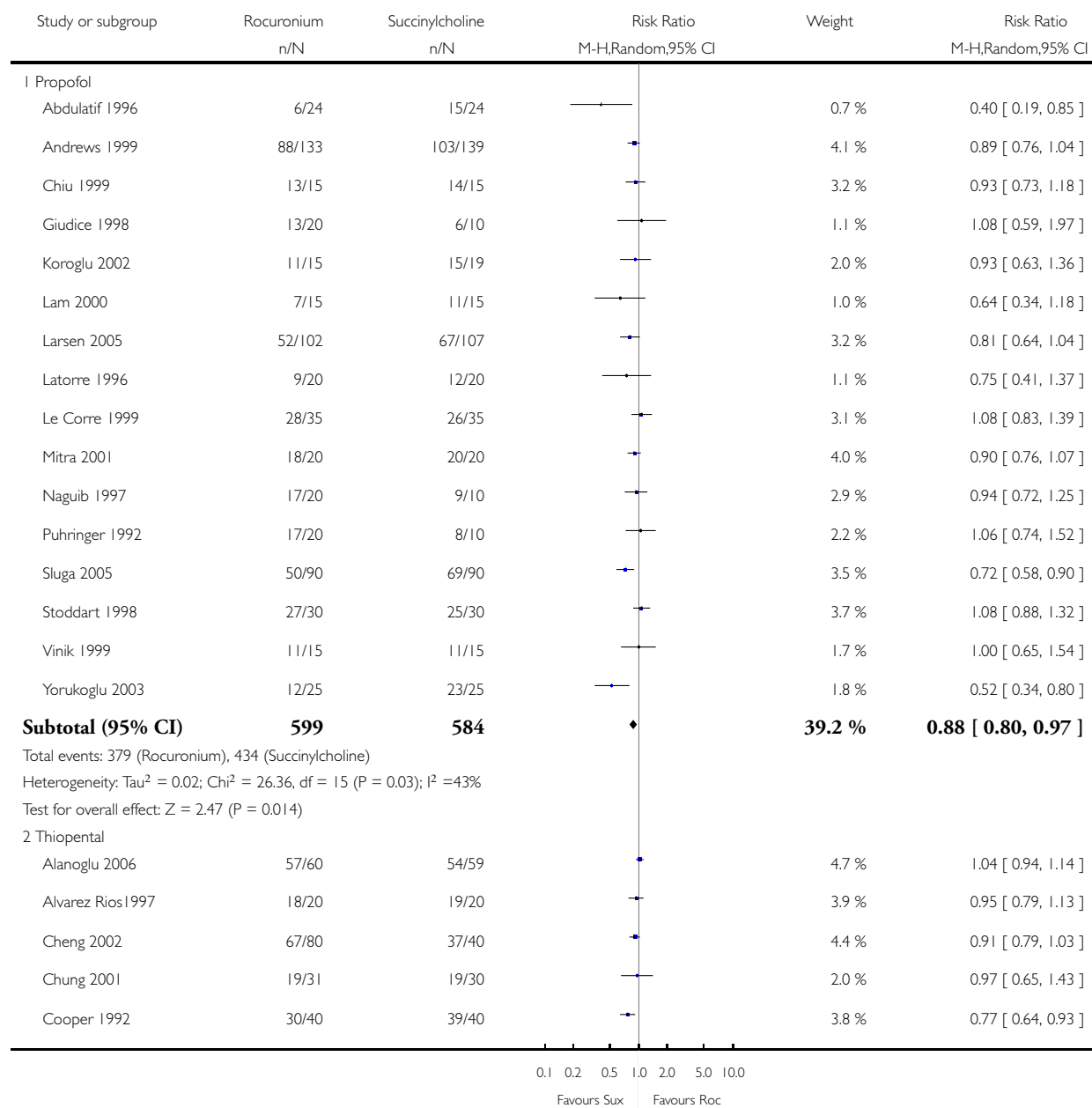


Analysis 3.1. Comparison 3 Rocuronium versus succinylcholine for induction agent, Outcome 1 Excellent versus other intubation conditions.

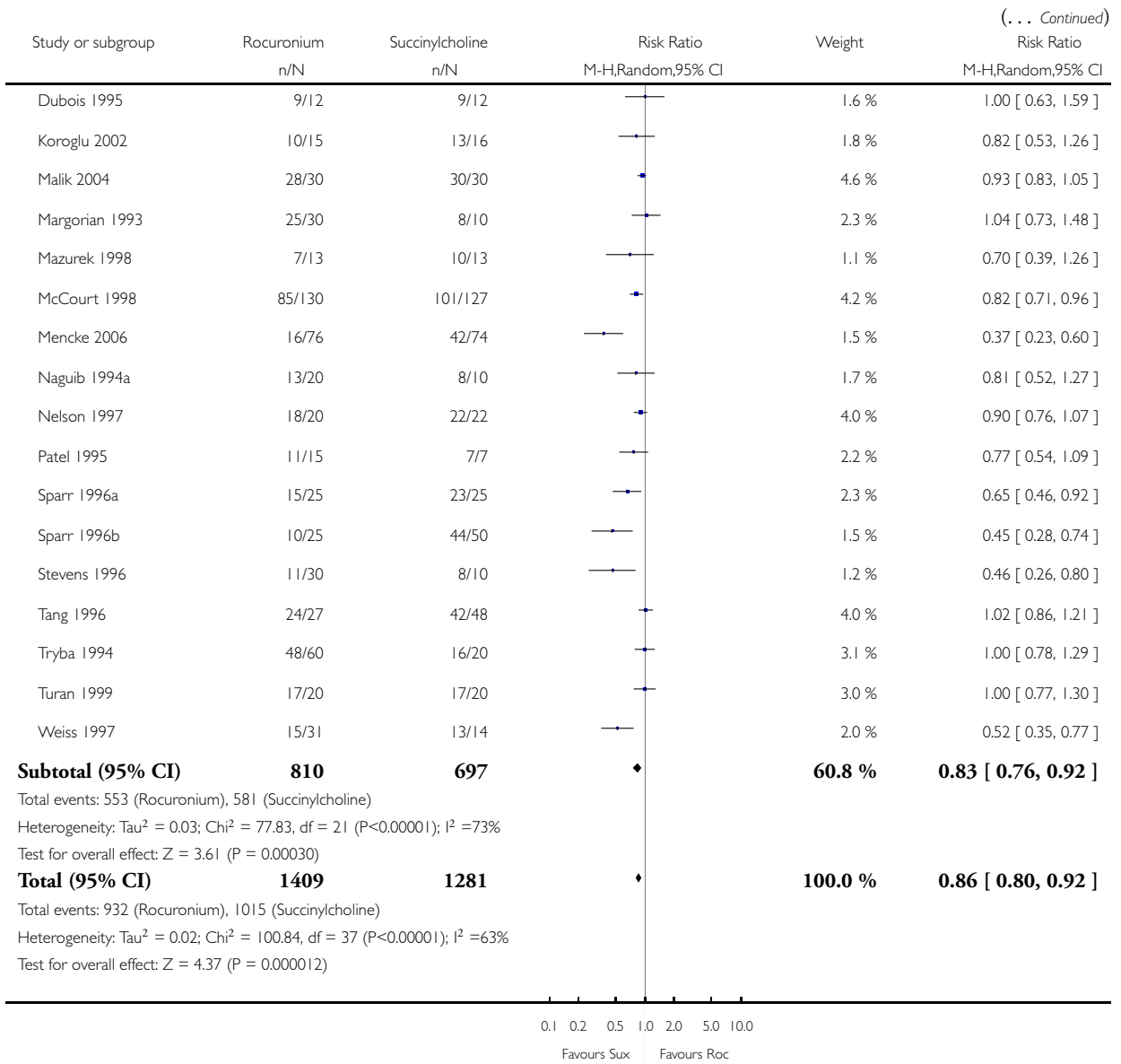
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 3 Rocuronium versus succinylcholine for induction agent

Outcome: 1 Excellent versus other intubation conditions



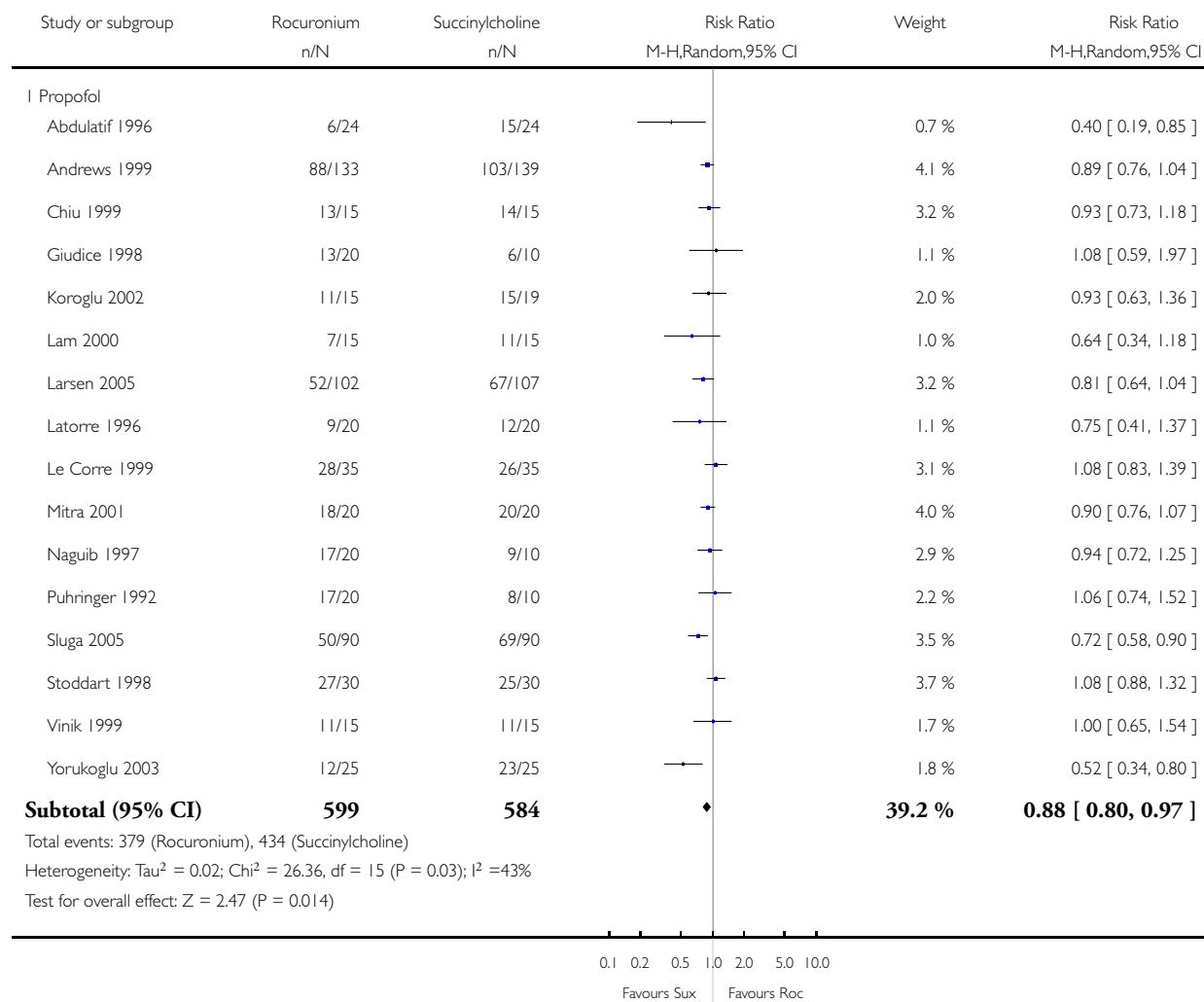
(Continued . . .)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 3 Rocuronium versus succinylcholine for induction agent

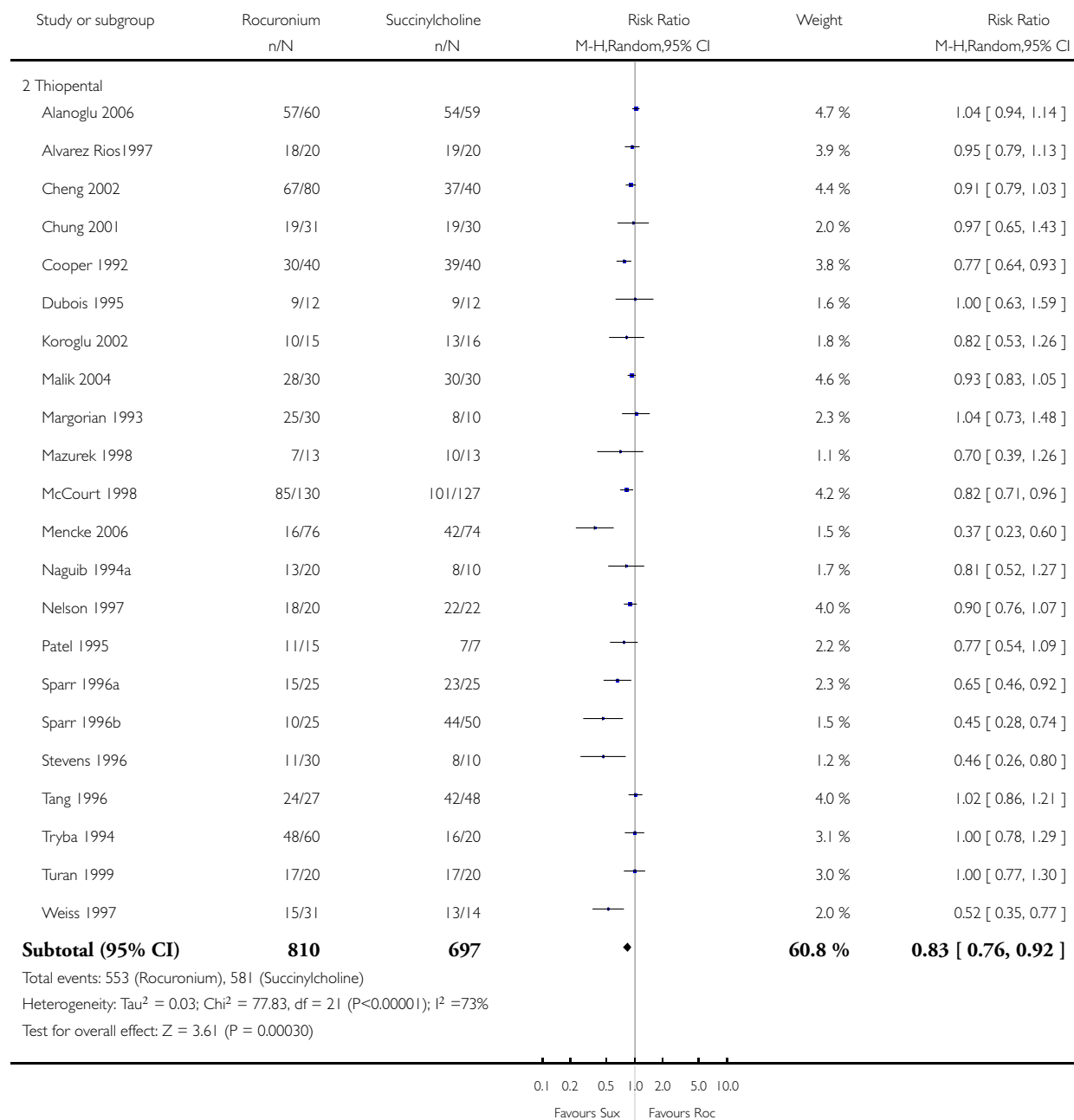
Outcome: 1 Excellent versus other intubation conditions



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 3 Rocuronium versus succinylcholine for induction agent

Outcome: 1 Excellent versus other intubation conditions

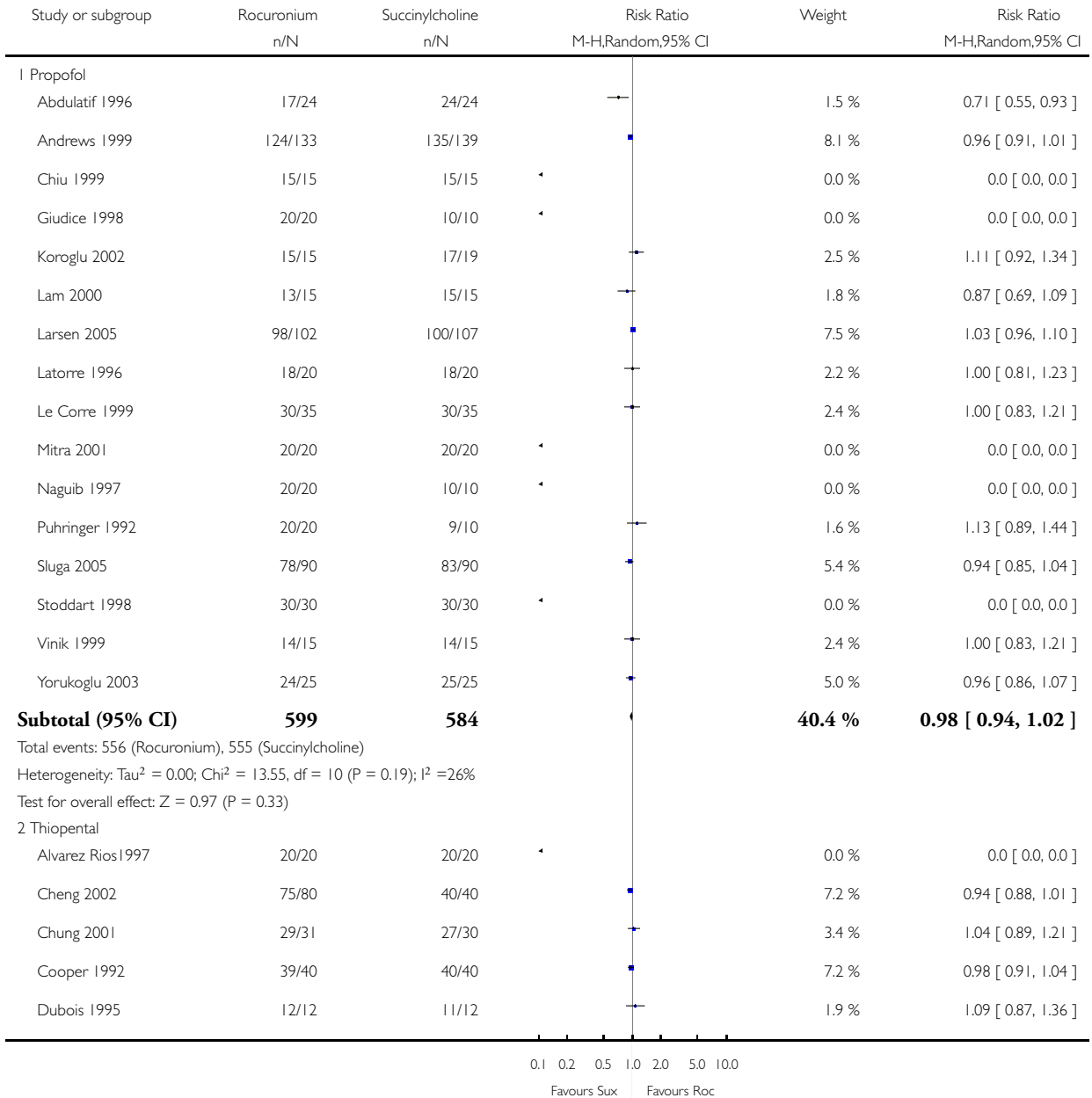


Analysis 3.2. Comparison 3 Rocuronium versus succinylcholine for induction agent, Outcome 2 Acceptable versus suboptimal intubation conditions.

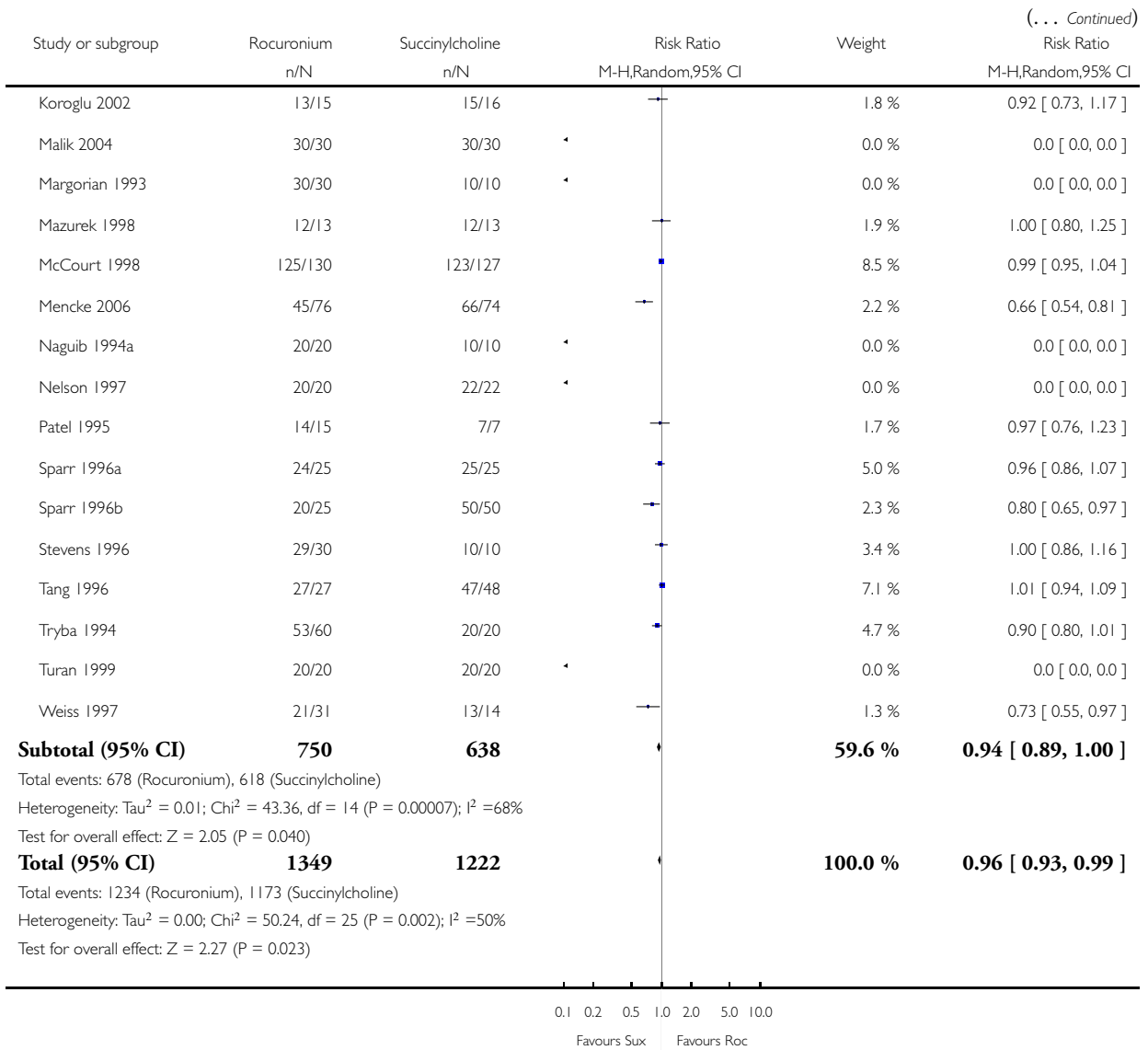
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 3 Rocuronium versus succinylcholine for induction agent

Outcome: 2 Acceptable versus suboptimal intubation conditions



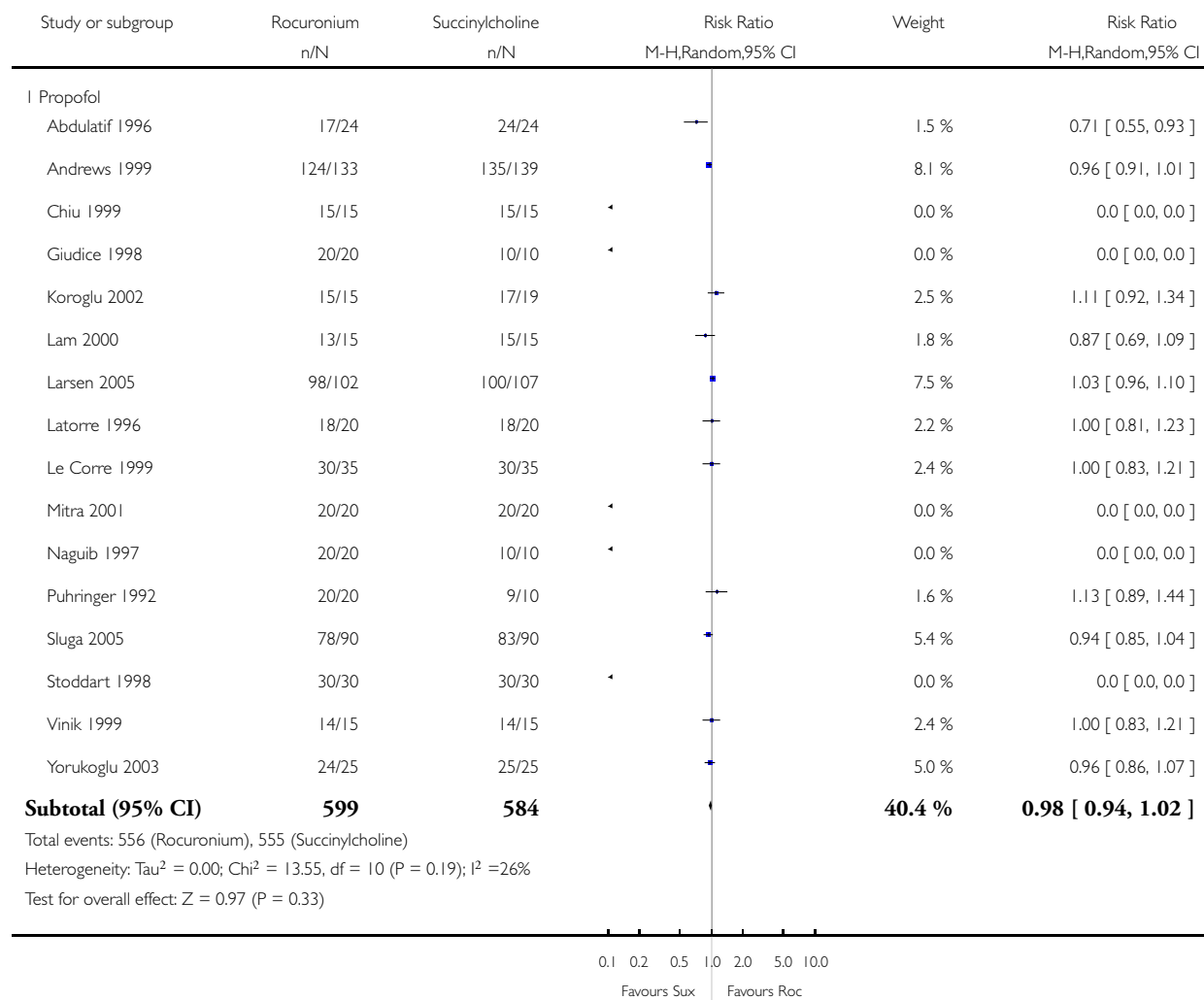
(Continued . . .)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 3 Rocuronium versus succinylcholine for induction agent

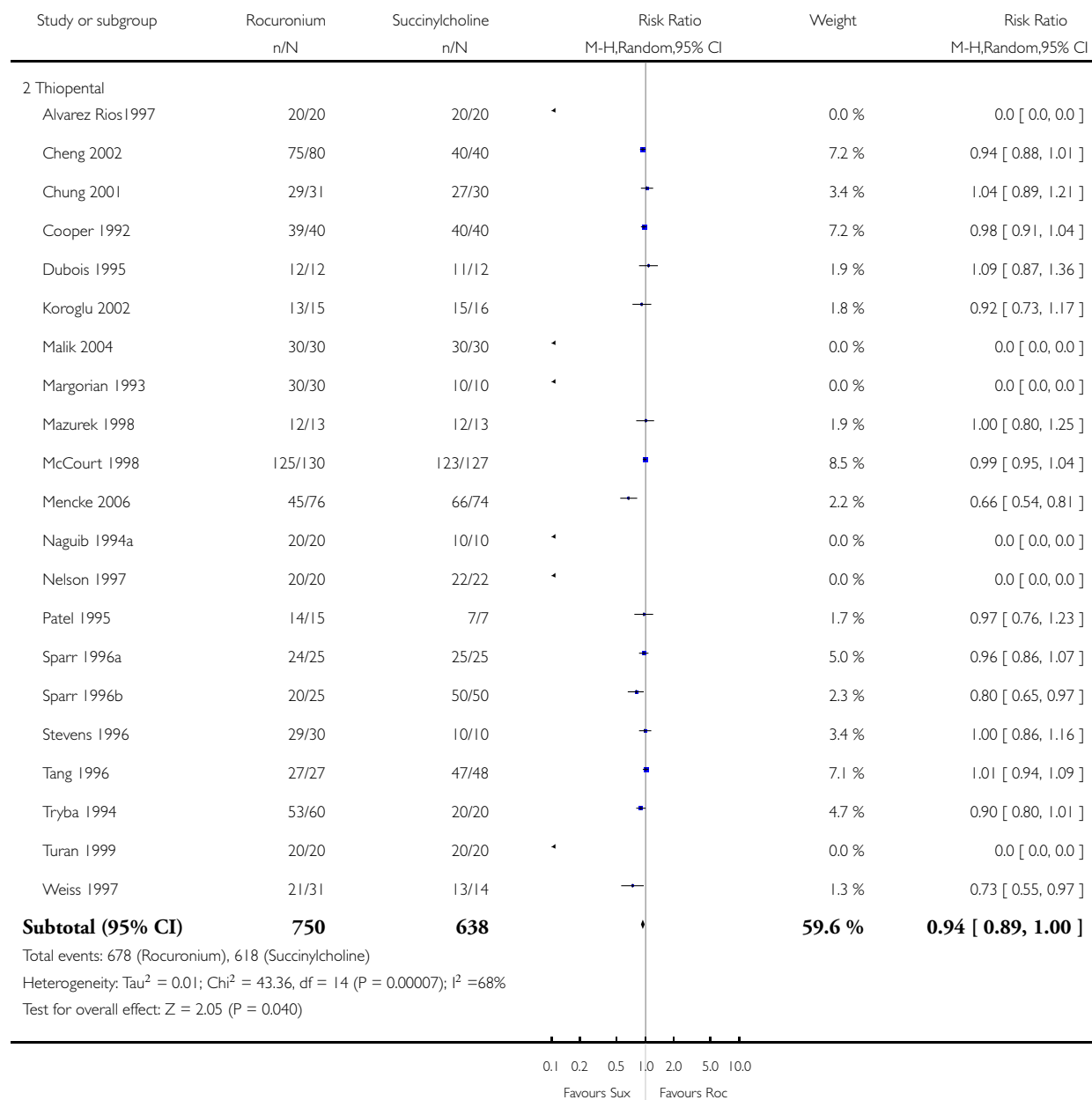
Outcome: 2 Acceptable versus suboptimal intubation conditions



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 3 Rocuronium versus succinylcholine for induction agent

Outcome: 2 Acceptable versus suboptimal intubation conditions

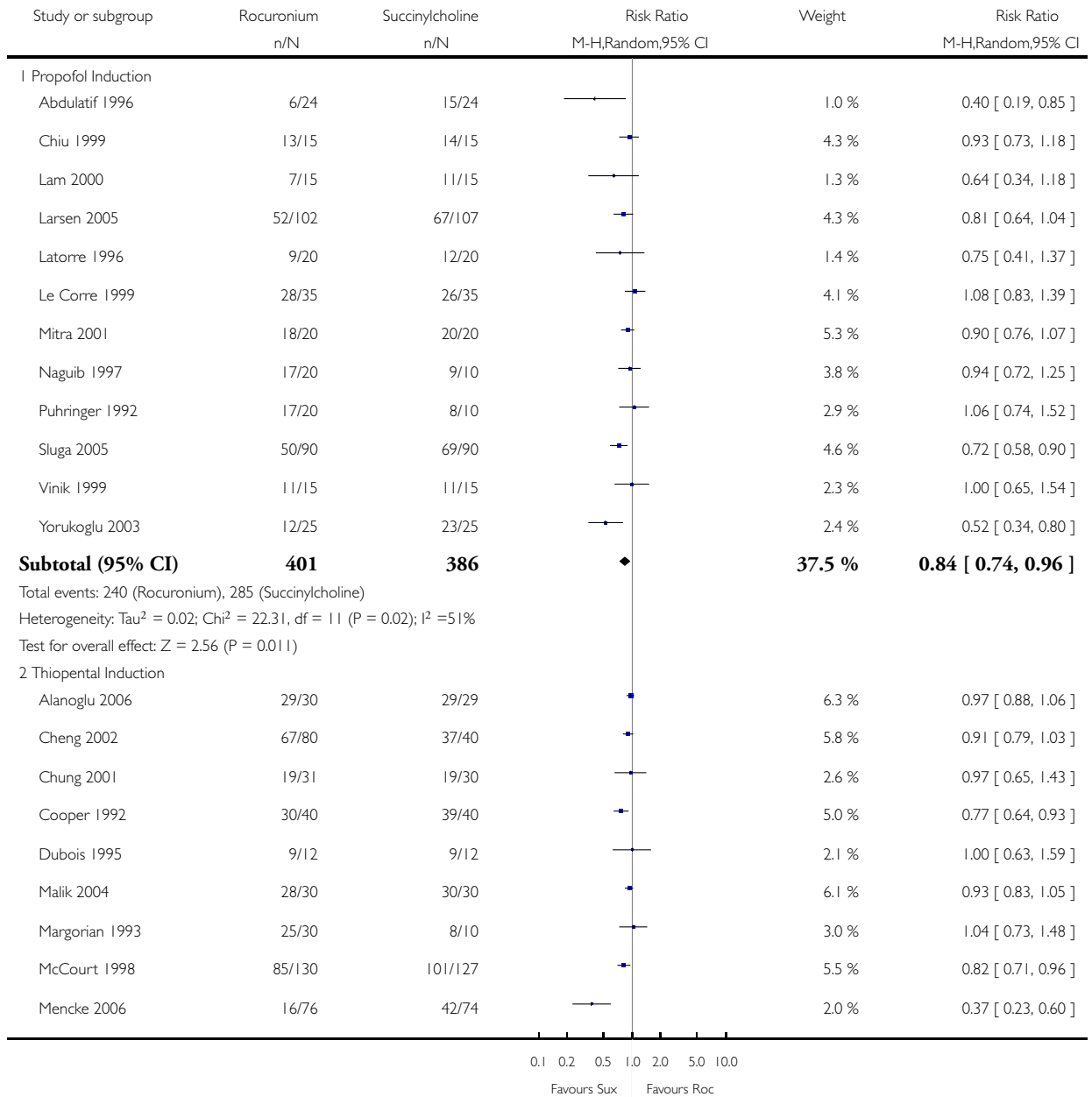


Analysis 4.1. Comparison 4 Rocuronium versus succinylcholine with narcotic, Outcome 1 Excellent versus other intubation outcomes.

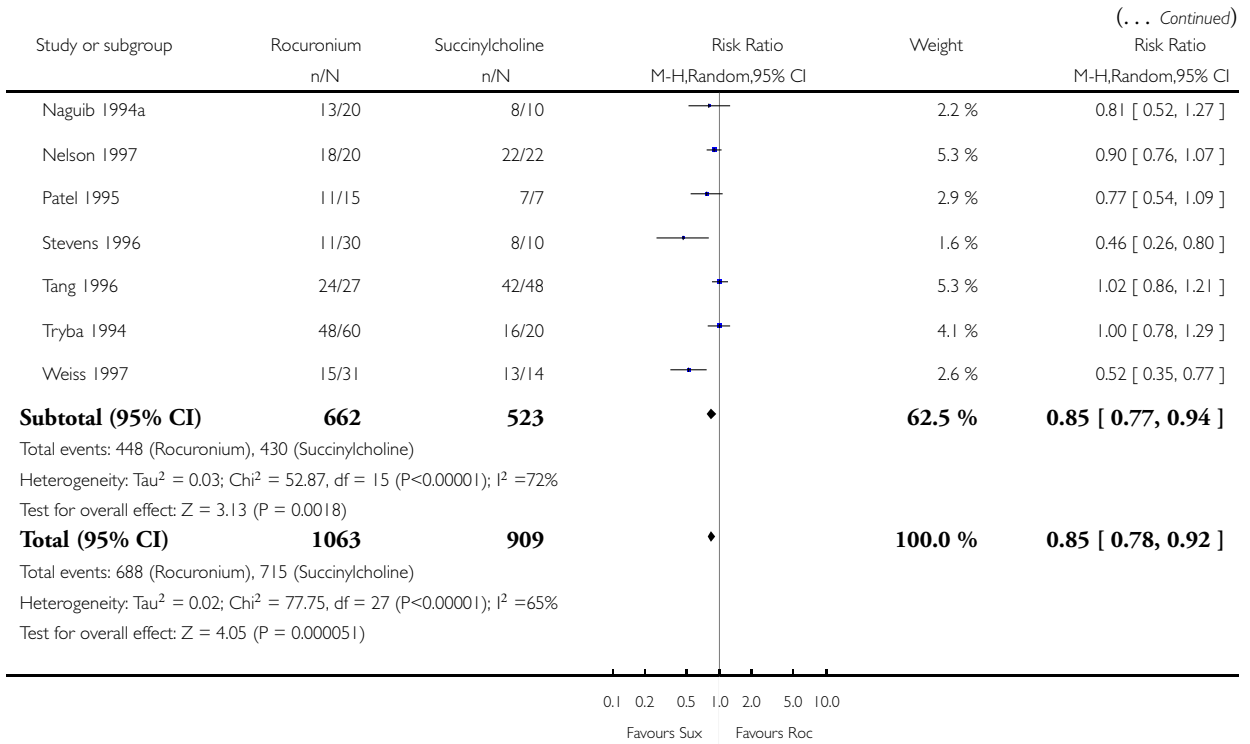
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 4 Rocuronium versus succinylcholine with narcotic

Outcome: 1 Excellent versus other intubation outcomes



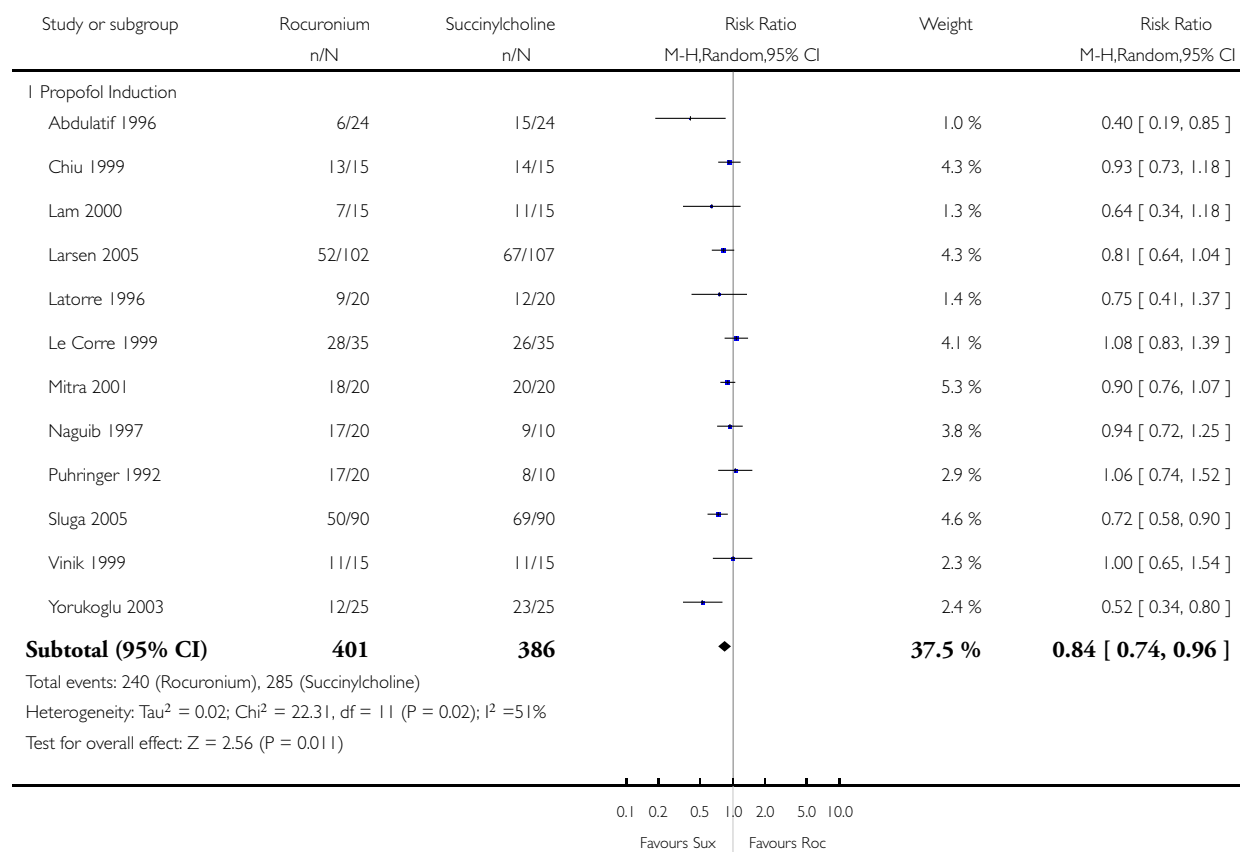
(Continued . . .)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 4 Rocuronium versus succinylcholine with narcotic

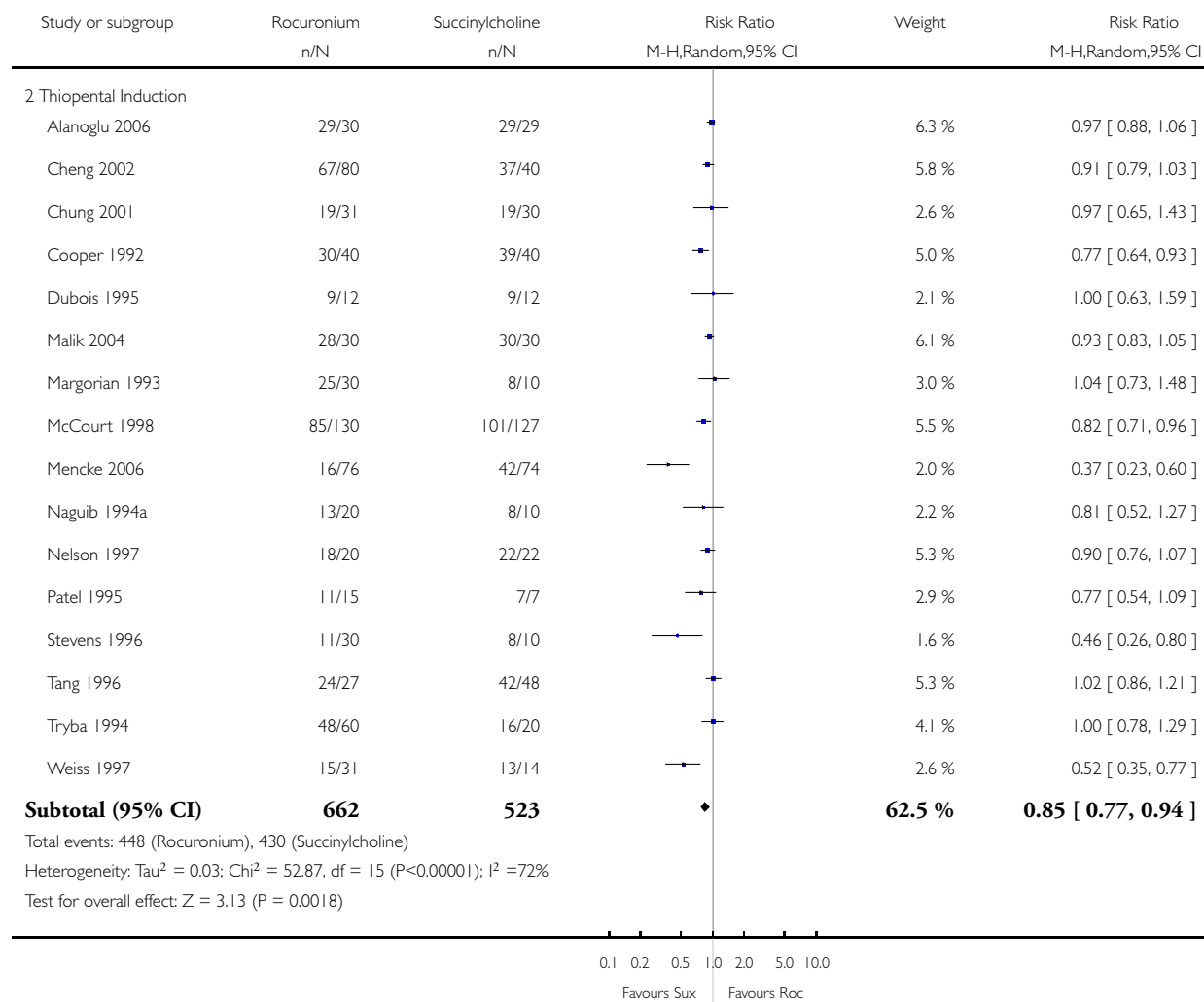
Outcome: 1 Excellent versus other intubation outcomes



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 4 Rocuronium versus succinylcholine with narcotic

Outcome: 1 Excellent versus other intubation outcomes

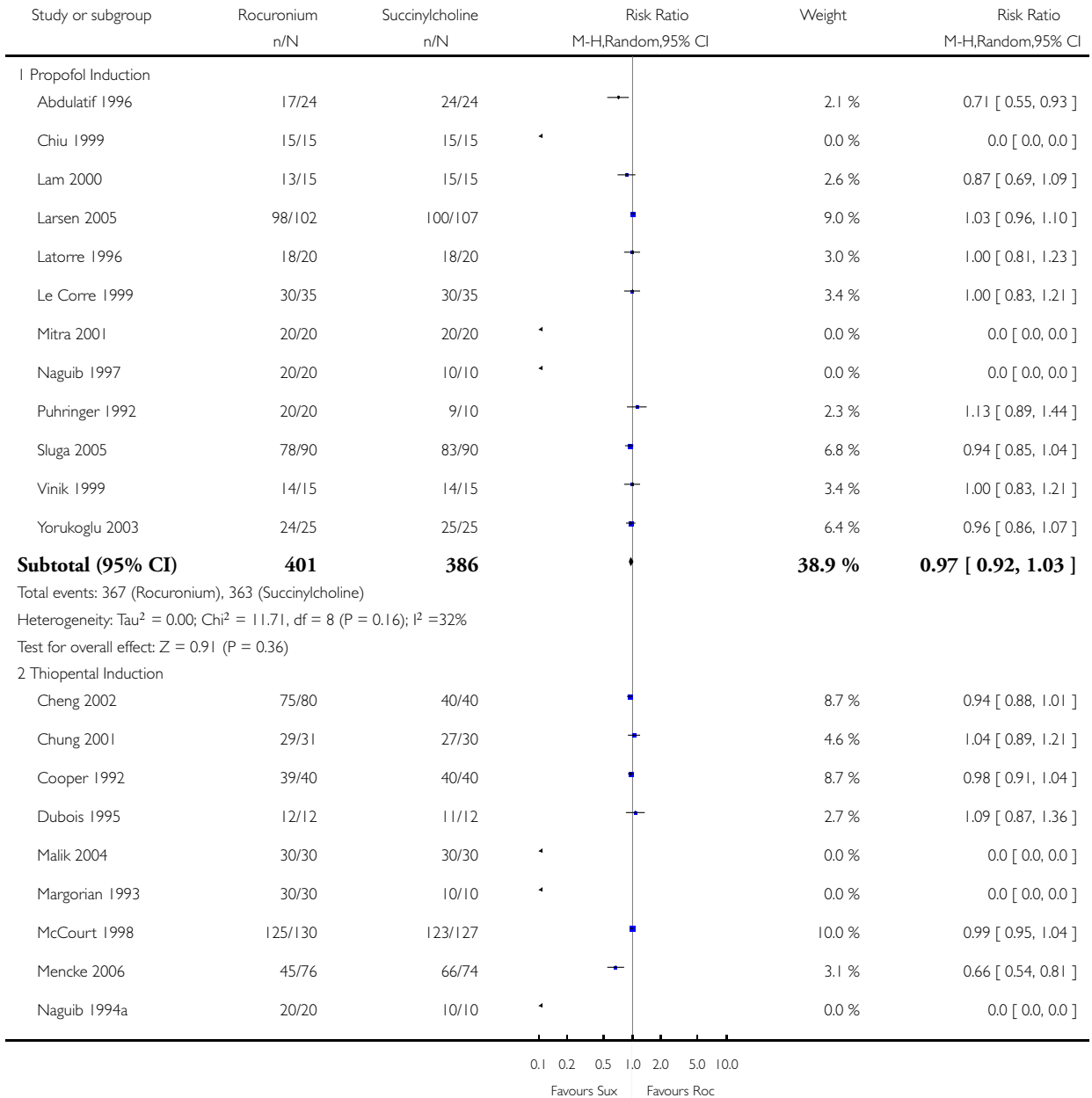


Analysis 4.2. Comparison 4 Rocuronium versus succinylcholine with narcotic, Outcome 2 Acceptable versus suboptimal intubation conditions.

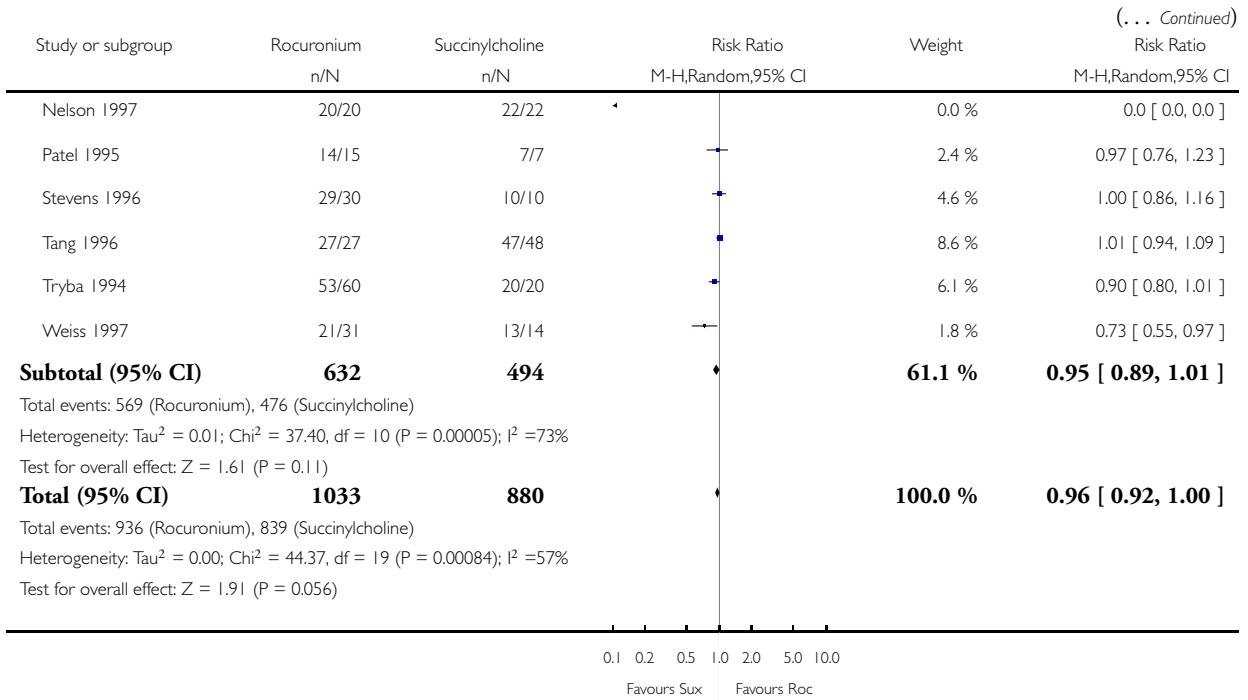
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 4 Rocuronium versus succinylcholine with narcotic

Outcome: 2 Acceptable versus suboptimal intubation conditions



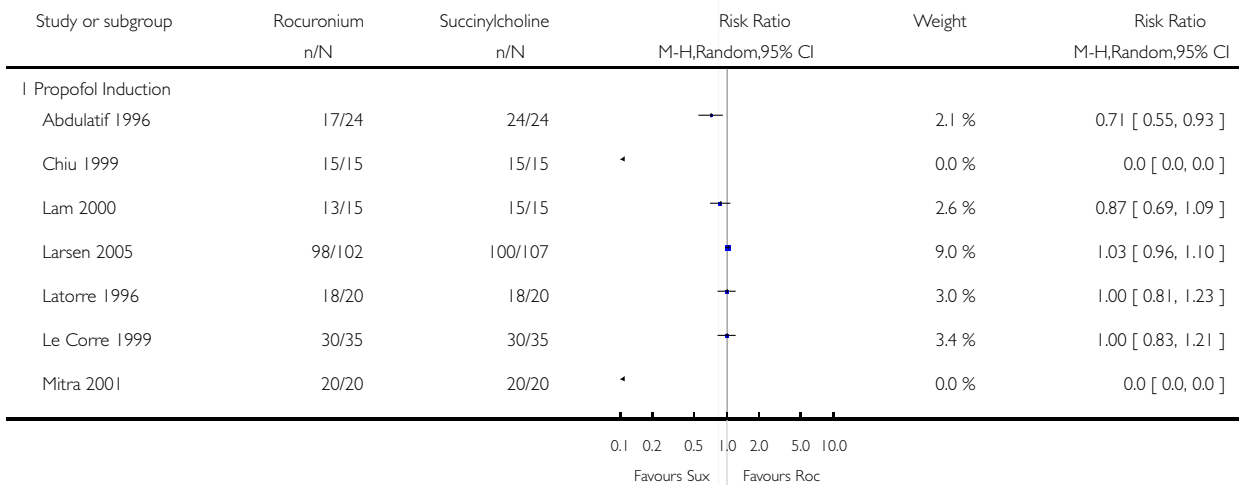
(Continued . . .)



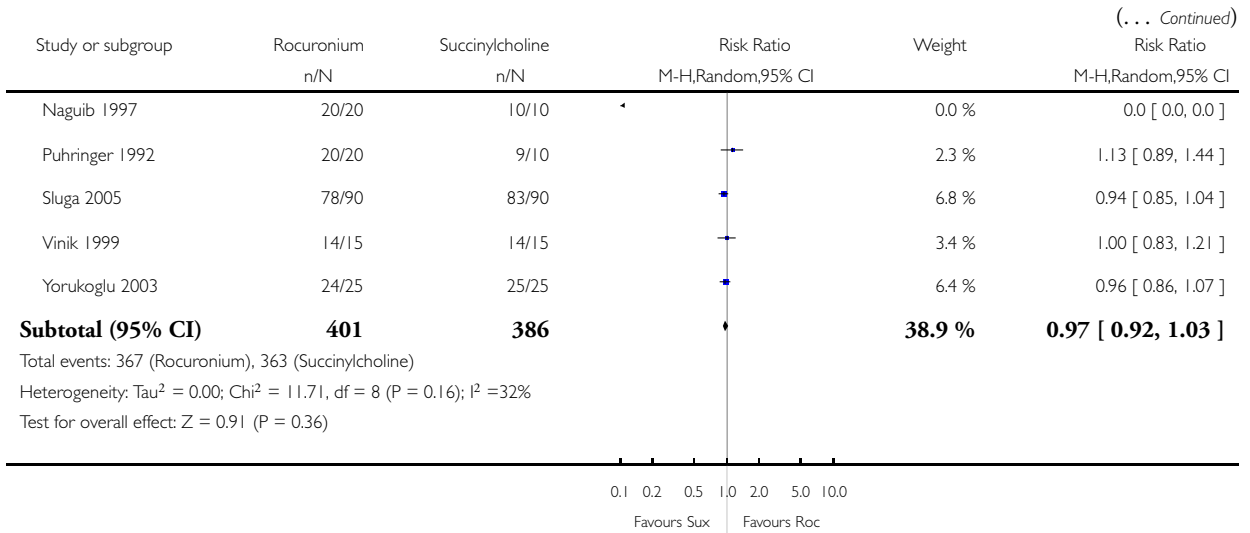
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 4 Rocuronium versus succinylcholine with narcotic

Outcome: 2 Acceptable versus suboptimal intubation conditions



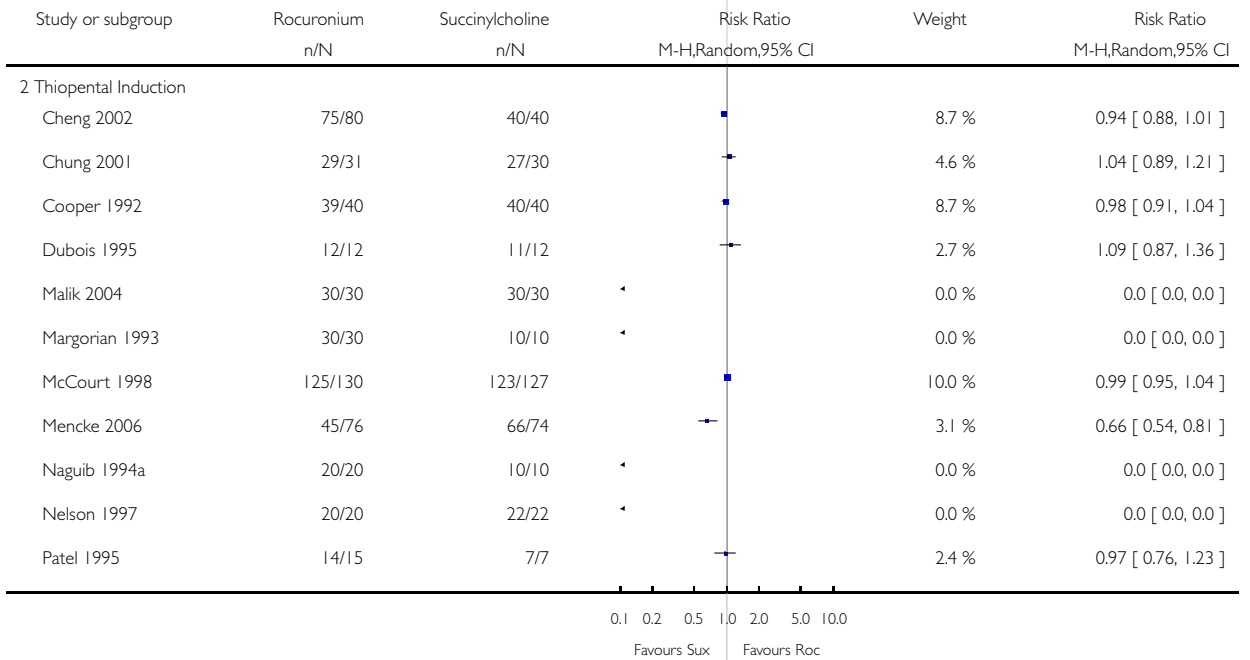
(Continued . . .)



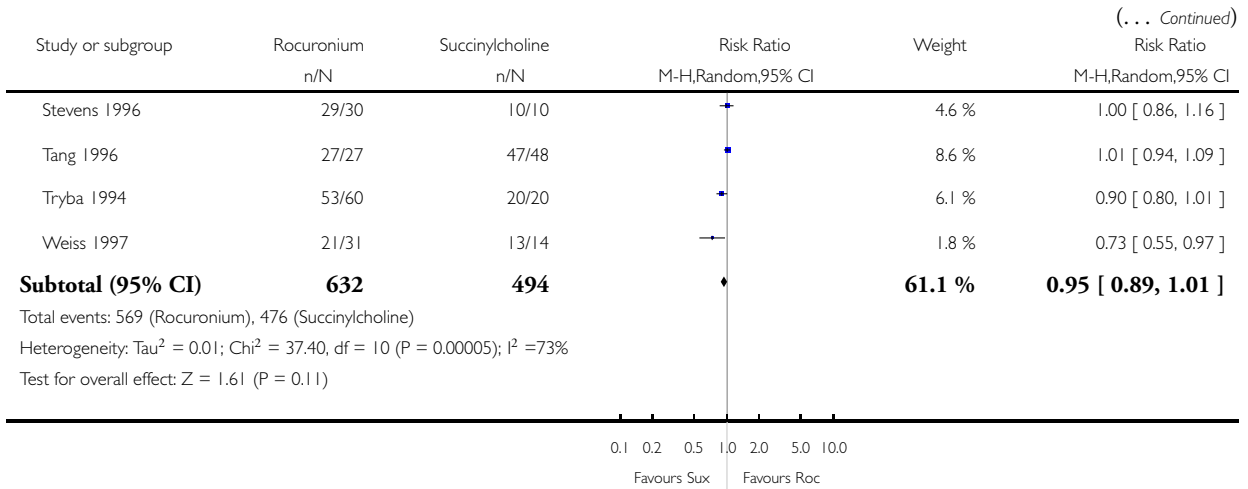
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 4 Rocuronium versus succinylcholine with narcotic

Outcome: 2 Acceptable versus suboptimal intubation conditions



(Continued . . .)

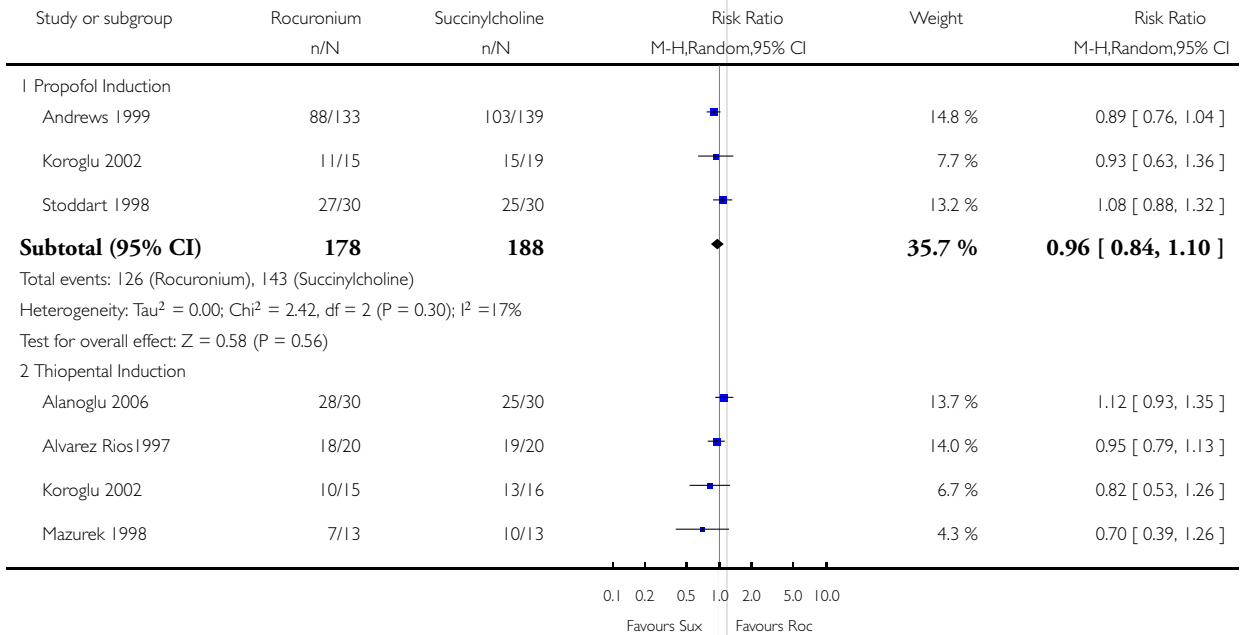


Analysis 5.1. Comparison 5 Rocuronium versus succinylcholine without narcotic, Outcome 1 Excellent versus other intubation conditions.

Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

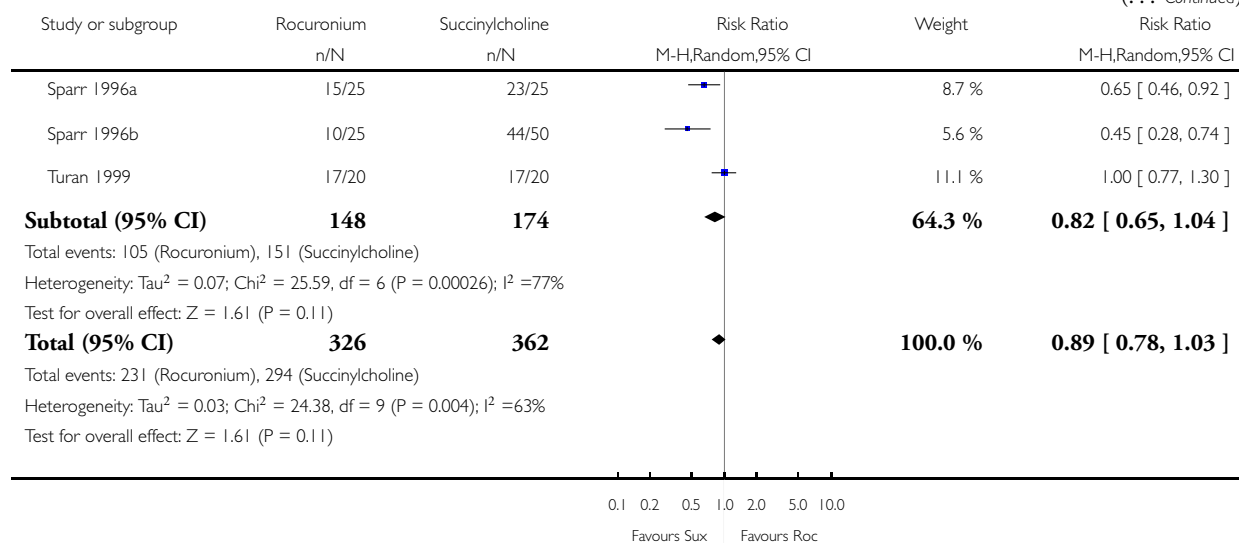
Comparison: 5 Rocuronium versus succinylcholine without narcotic

Outcome: 1 Excellent versus other intubation conditions



(Continued . . .)

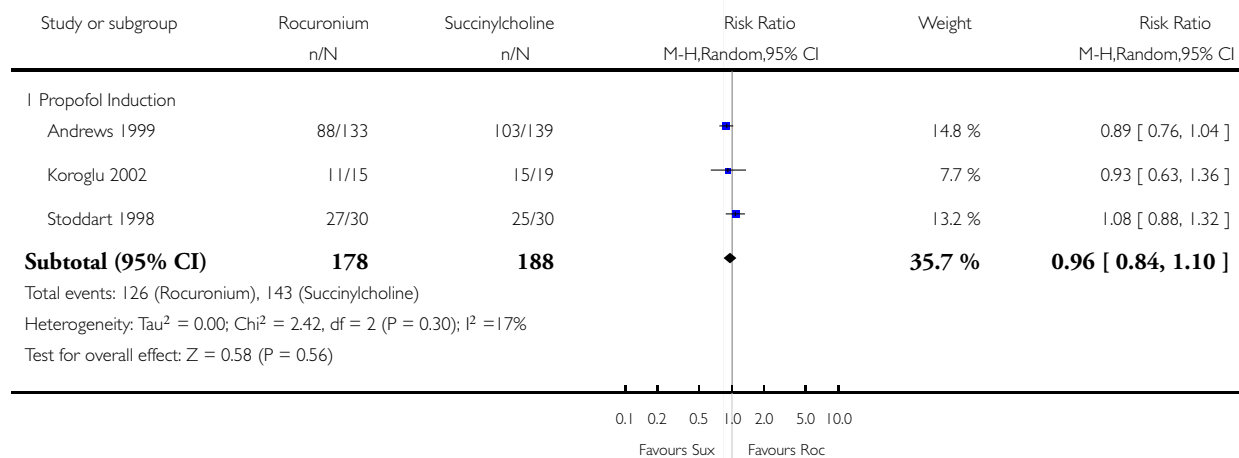
(... Continued)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 5 Rocuronium versus succinylcholine without narcotic

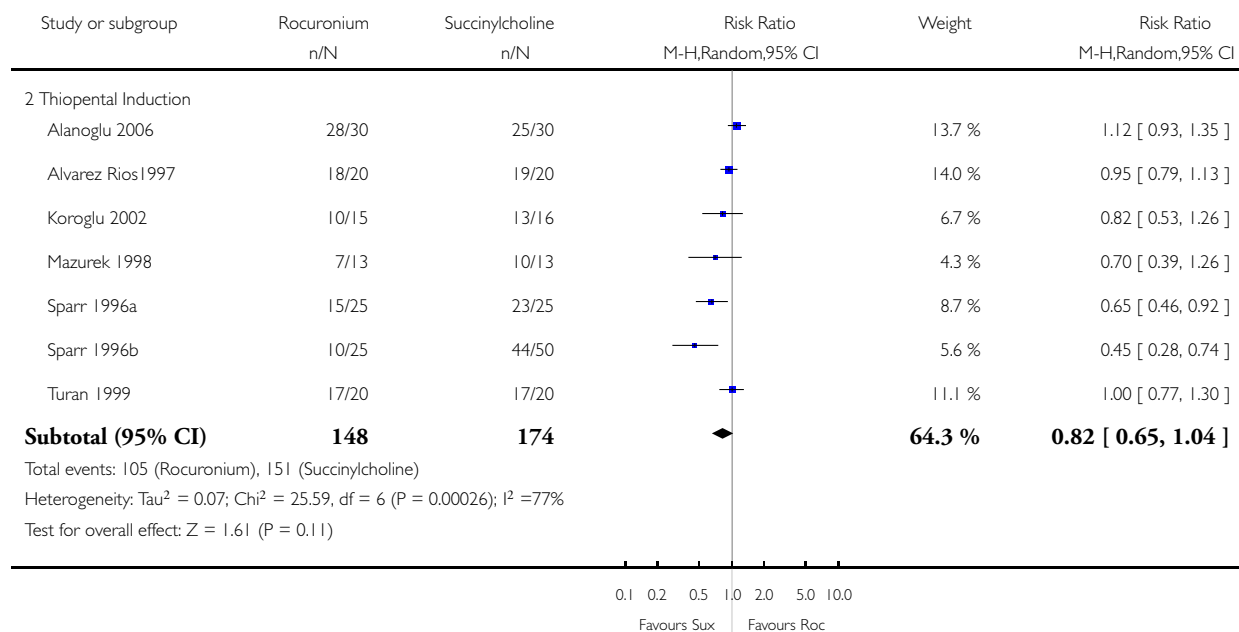
Outcome: 1 Excellent versus other intubation conditions



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 5 Rocuronium versus succinylcholine without narcotic

Outcome: 1 Excellent versus other intubation conditions

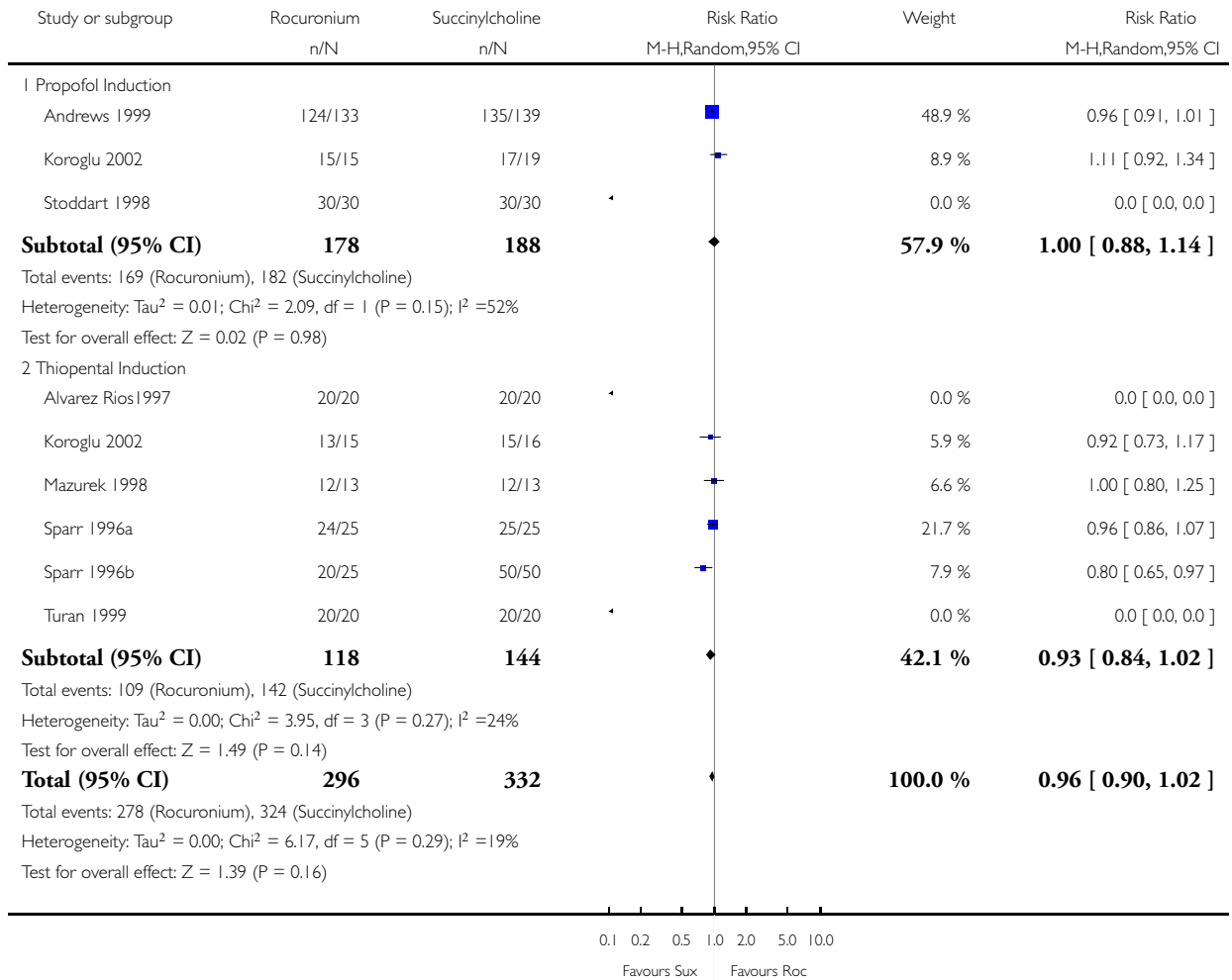


Analysis 5.2. Comparison 5 Rocuronium versus succinylcholine without narcotic, Outcome 2 Acceptable versus suboptimal intubation conditions.

Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 5 Rocuronium versus succinylcholine without narcotic

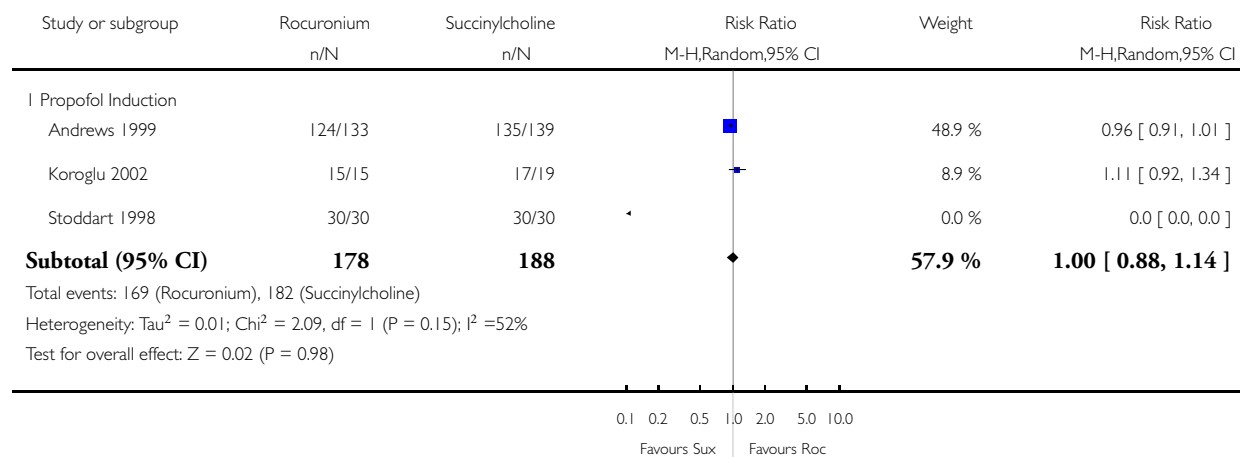
Outcome: 2 Acceptable versus suboptimal intubation conditions



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 5 Rocuronium versus succinylcholine without narcotic

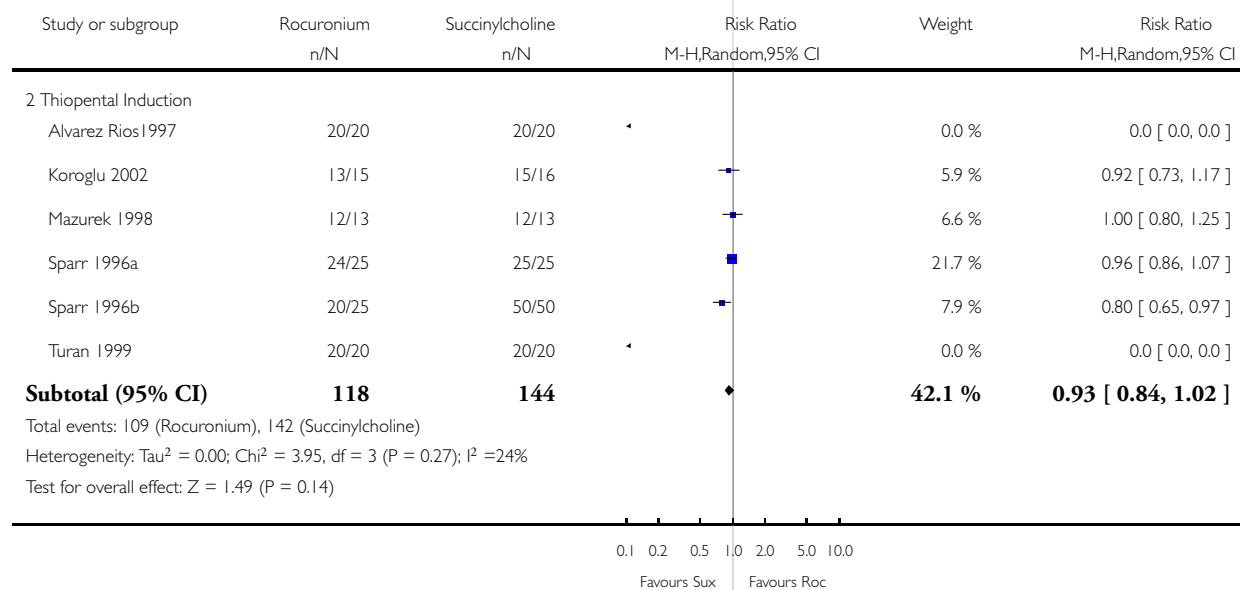
Outcome: 2 Acceptable versus suboptimal intubation conditions



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 5 Rocuronium versus succinylcholine without narcotic

Outcome: 2 Acceptable versus suboptimal intubation conditions

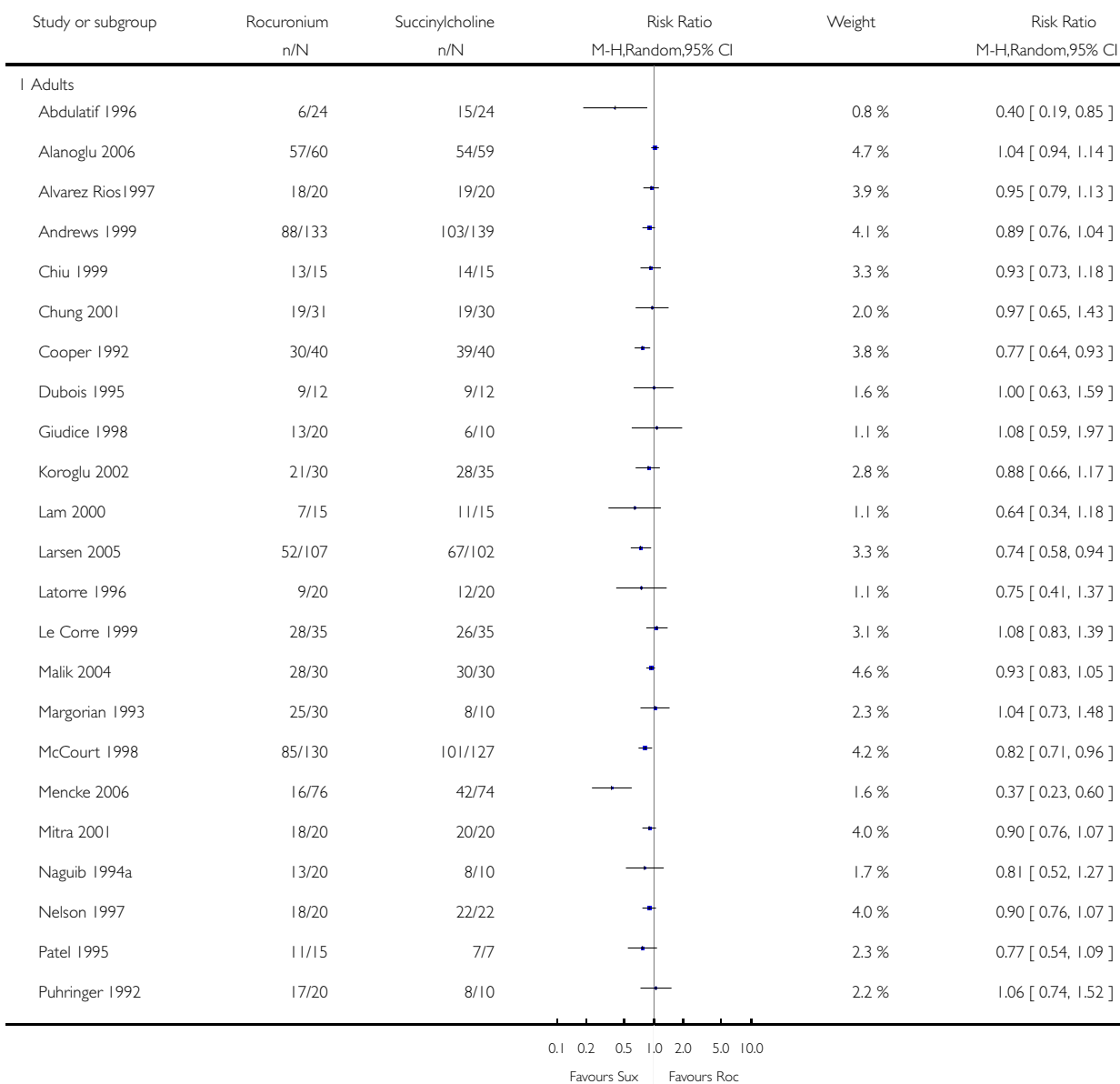


Analysis 6.1. Comparison 6 Comparison of children and adults, Outcome 1 Excellent versus other intubation conditions.

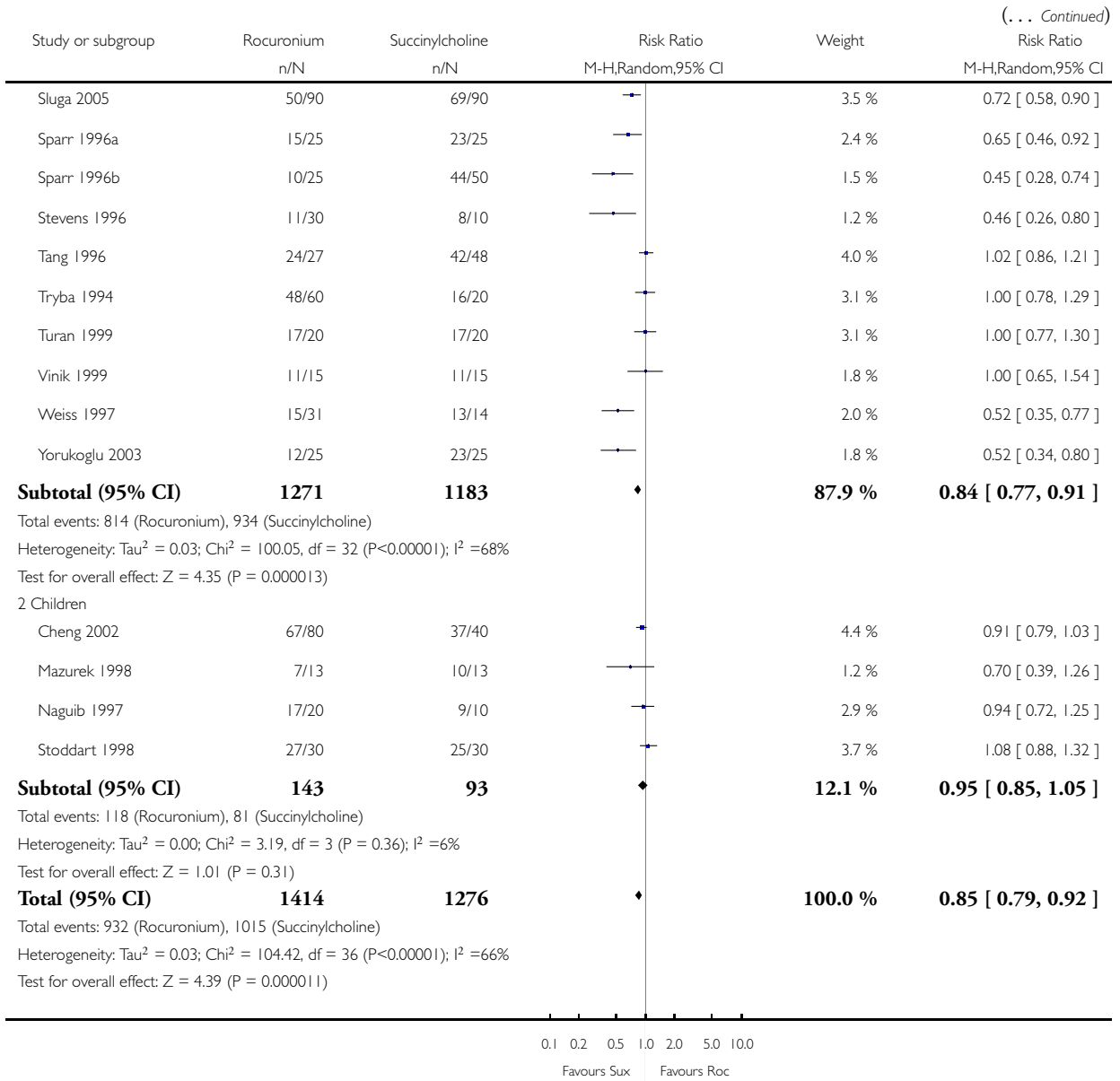
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 6 Comparison of children and adults

Outcome: 1 Excellent versus other intubation conditions



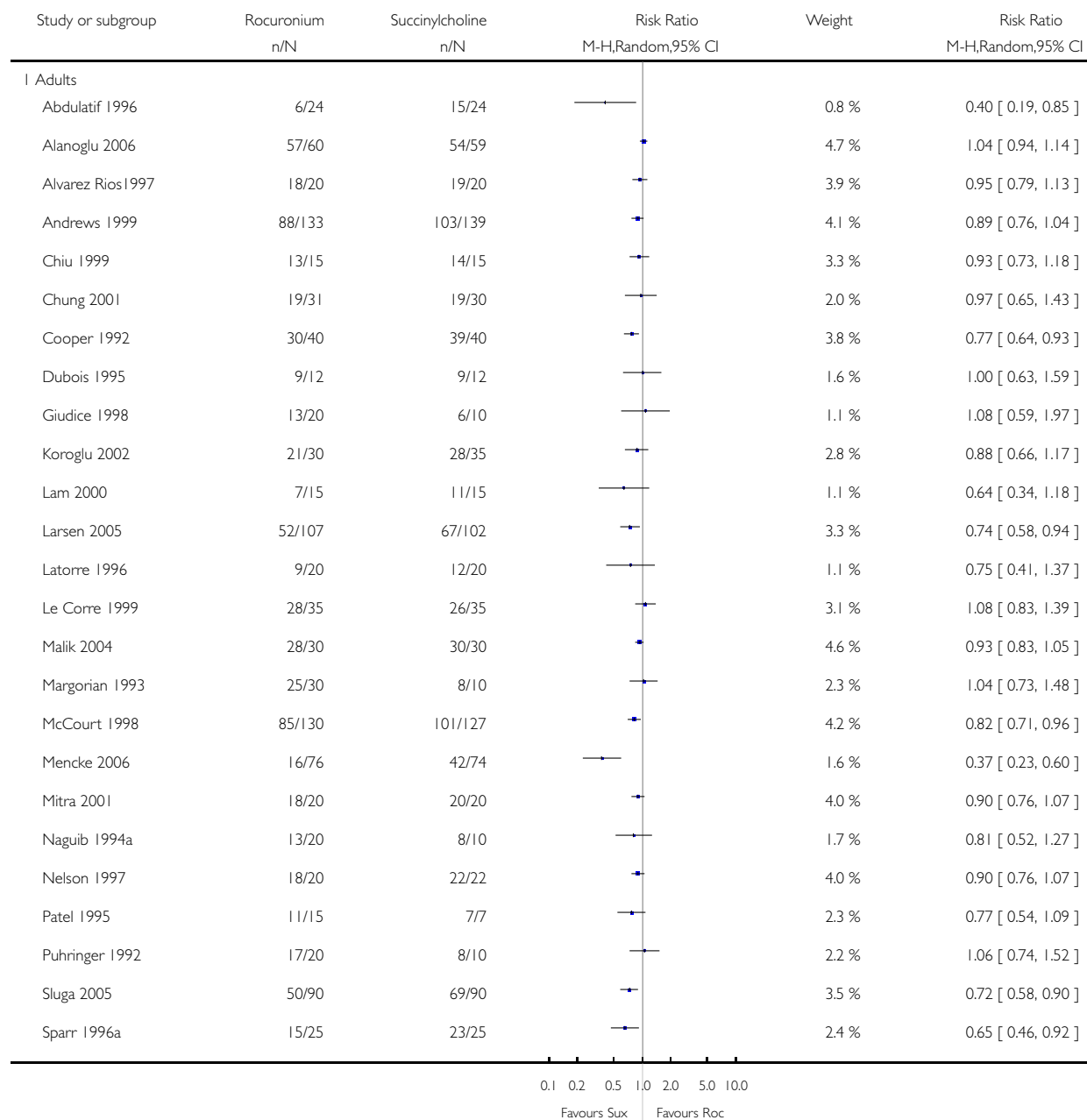
(Continued . . .)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

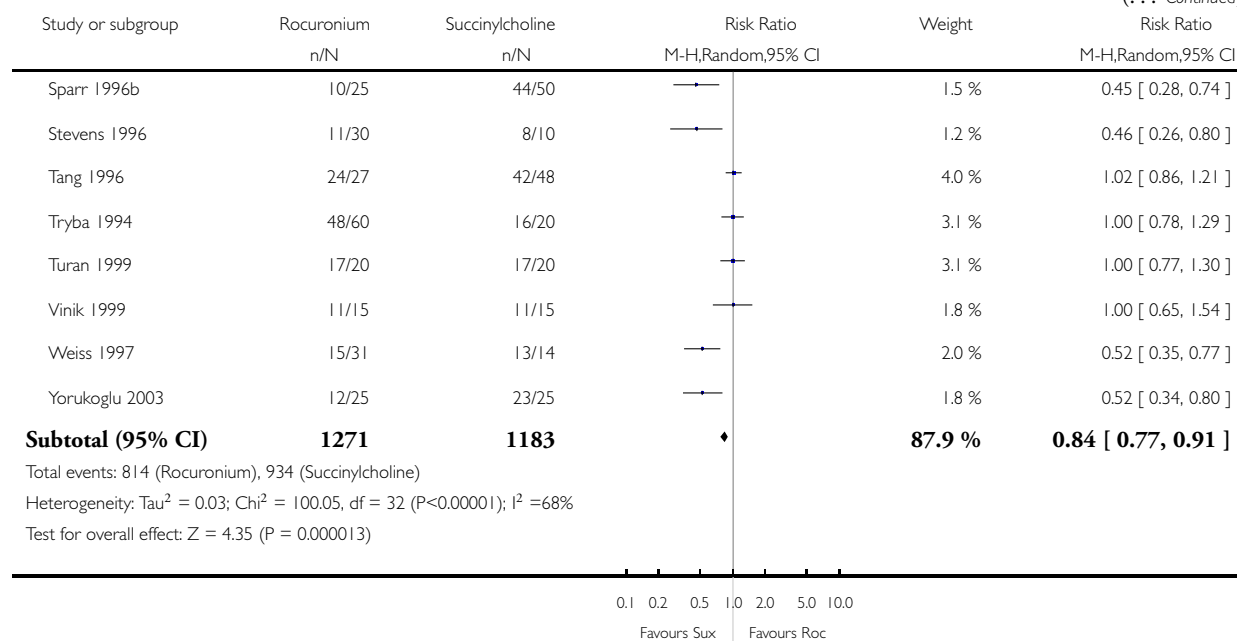
Comparison: 6 Comparison of children and adults

Outcome: 1 Excellent versus other intubation conditions



(Continued . . .)

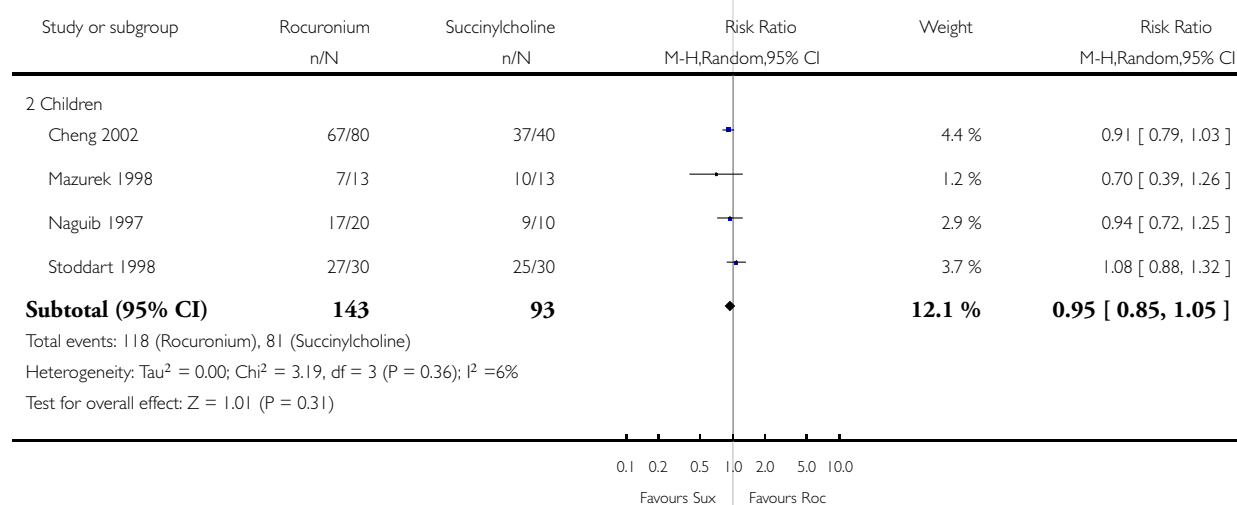
(... Continued)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 6 Comparison of children and adults

Outcome: 1 Excellent versus other intubation conditions

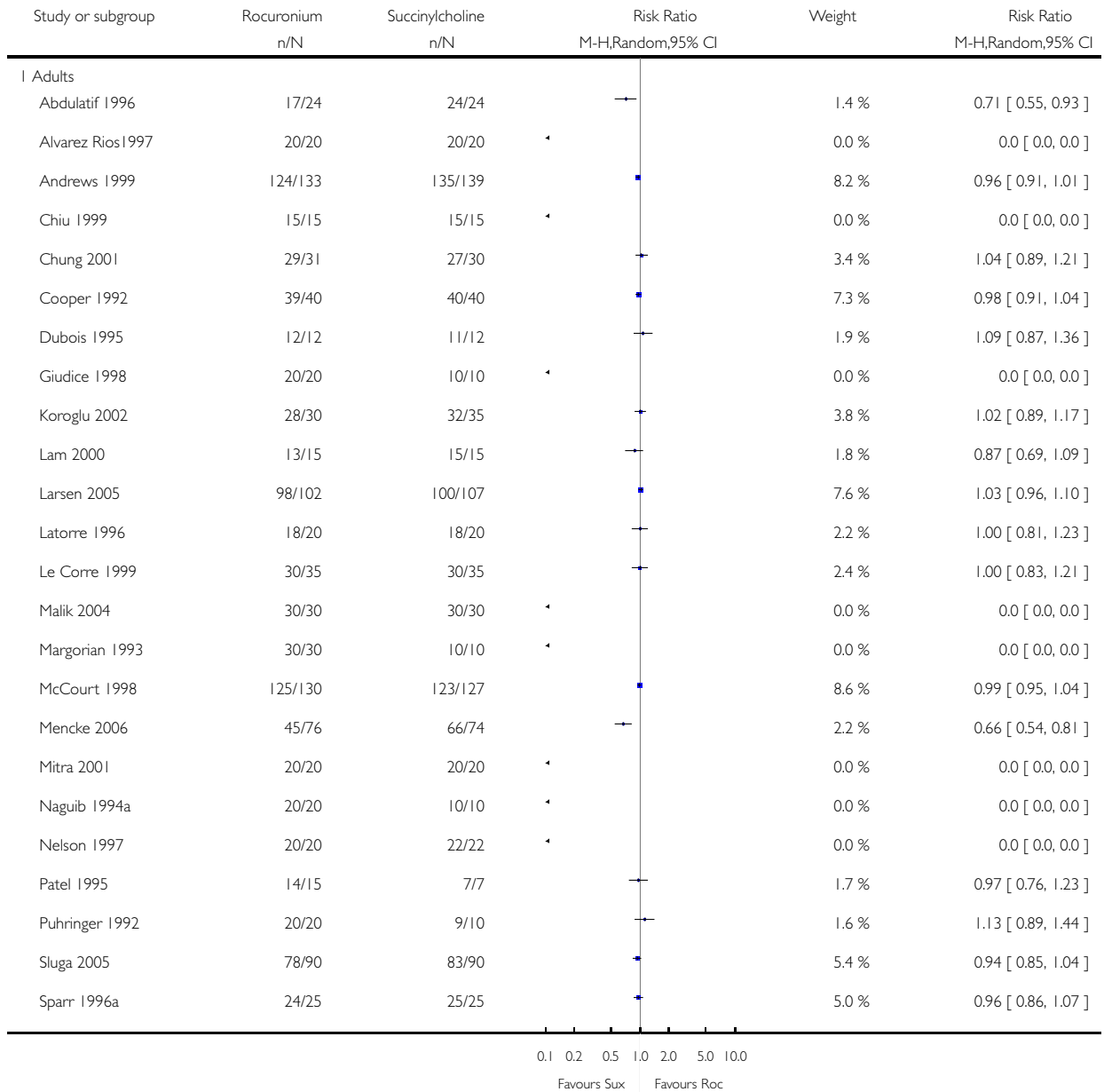


Analysis 6.2. Comparison 6 Comparison of children and adults, Outcome 2 Acceptable versus suboptimal intubation conditions.

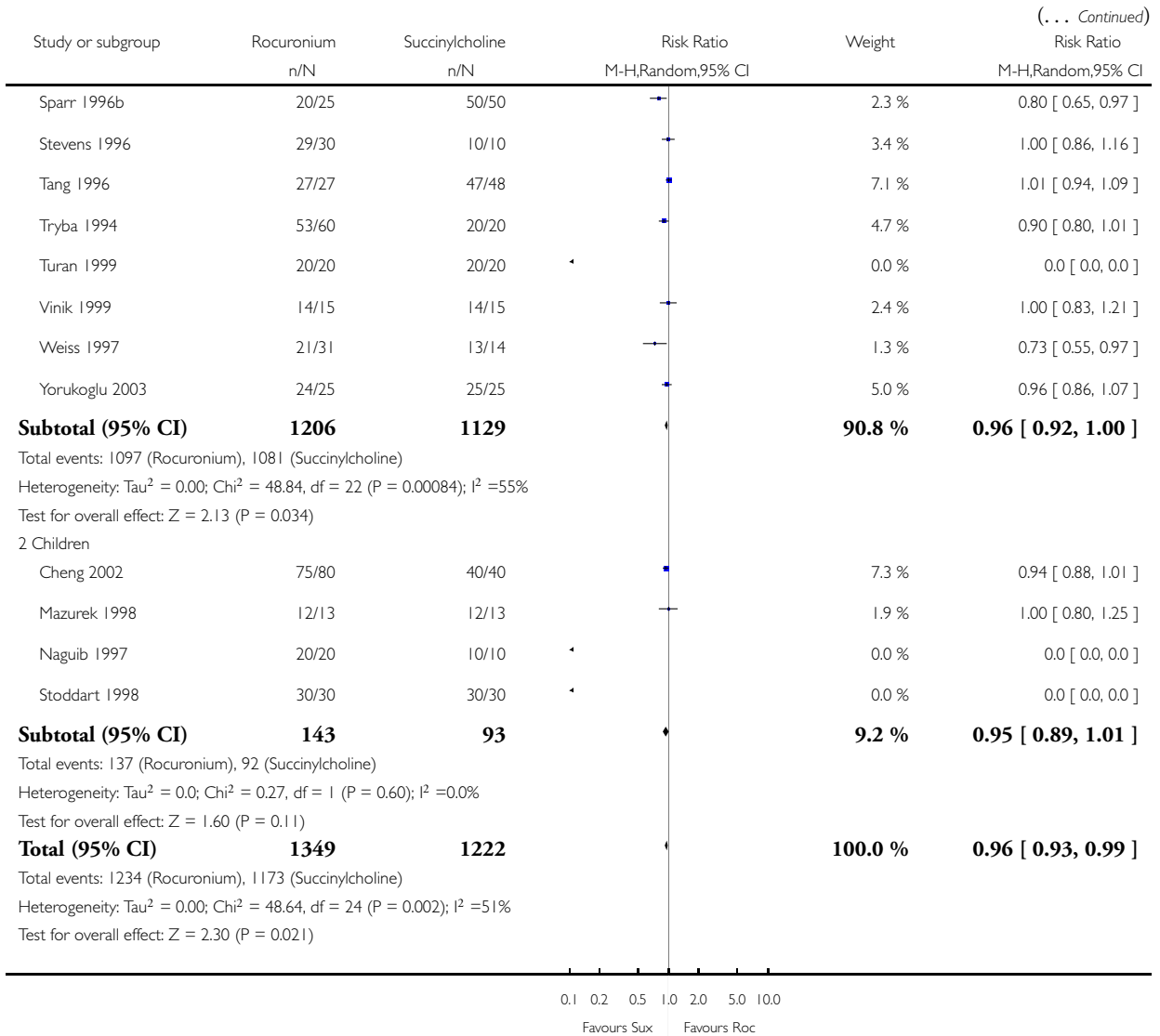
Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 6 Comparison of children and adults

Outcome: 2 Acceptable versus suboptimal intubation conditions



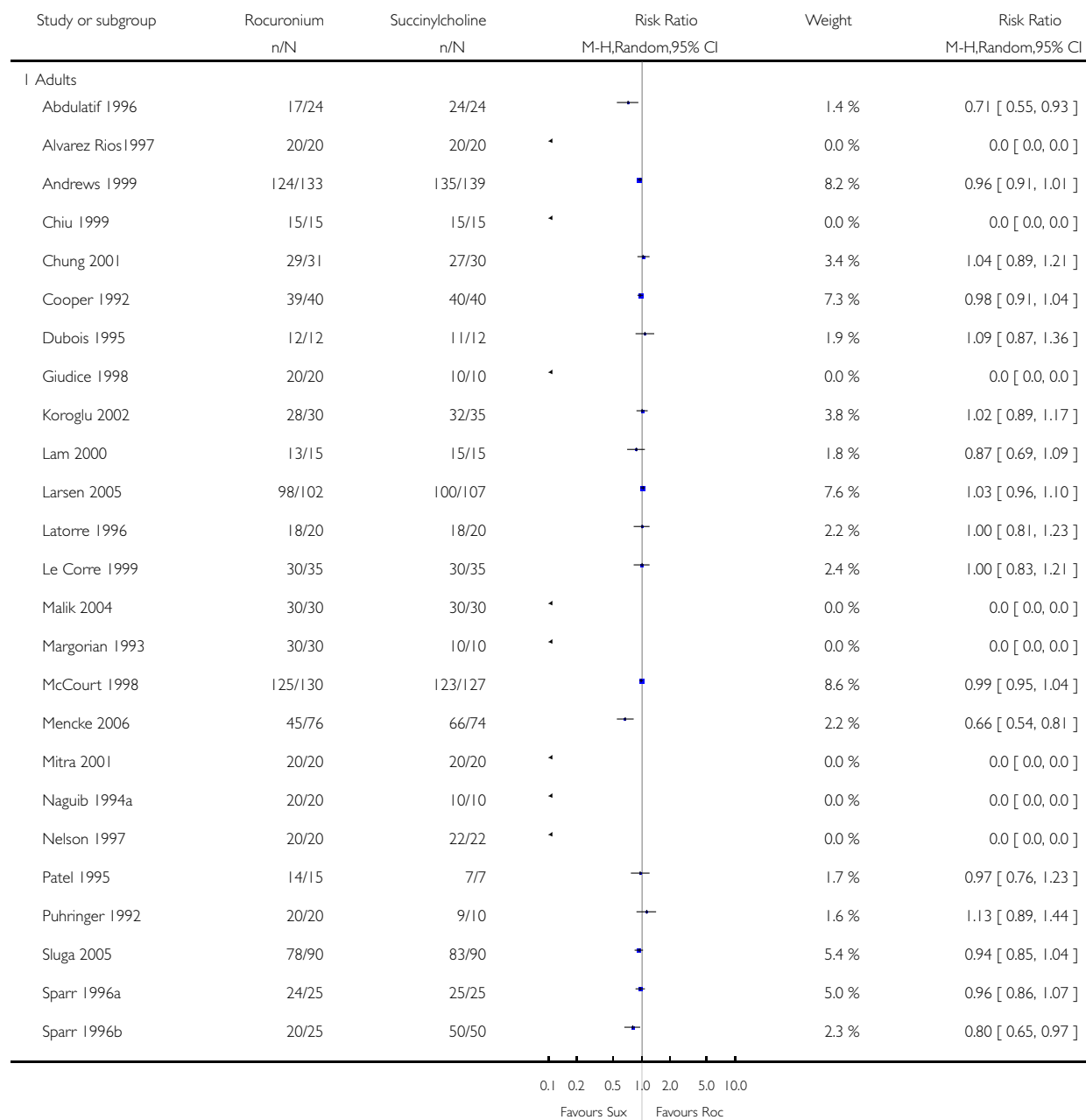
(Continued . . .)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

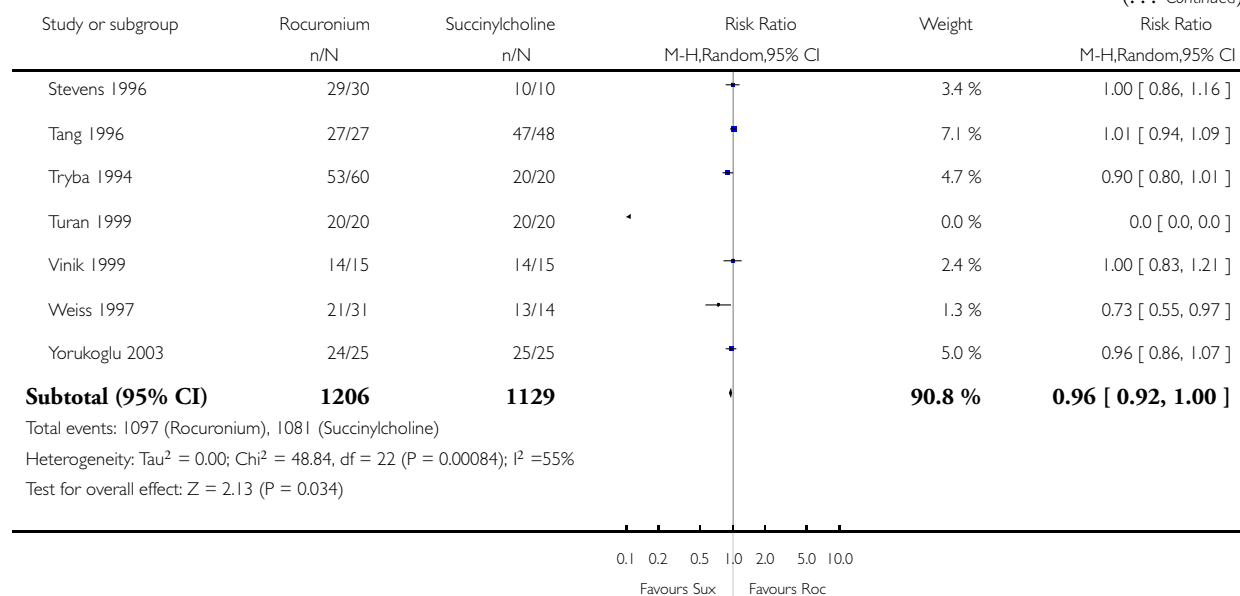
Comparison: 6 Comparison of children and adults

Outcome: 2 Acceptable versus suboptimal intubation conditions



(Continued . . .)

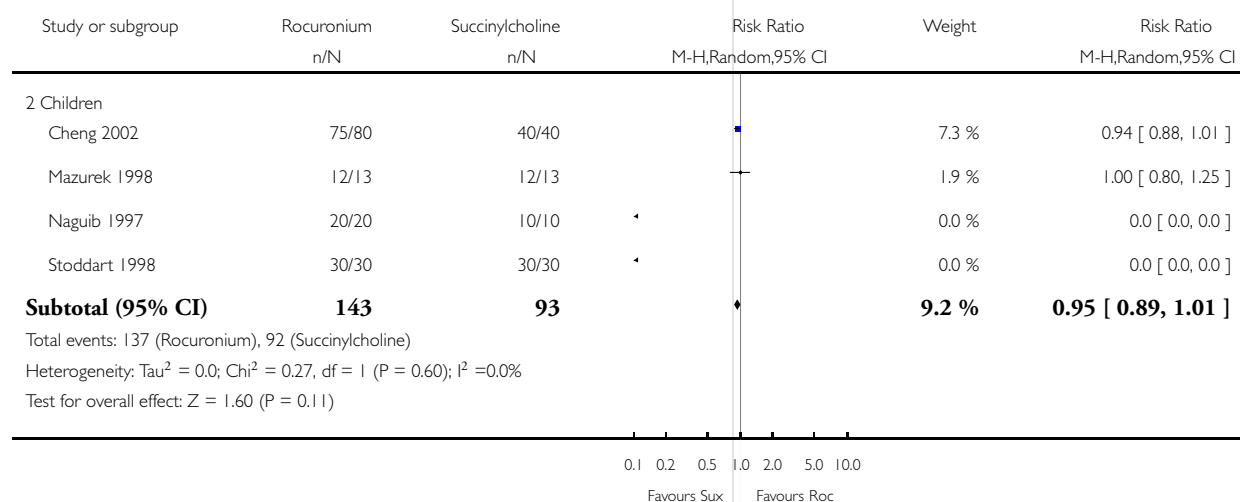
(... Continued)



Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 6 Comparison of children and adults

Outcome: 2 Acceptable versus suboptimal intubation conditions

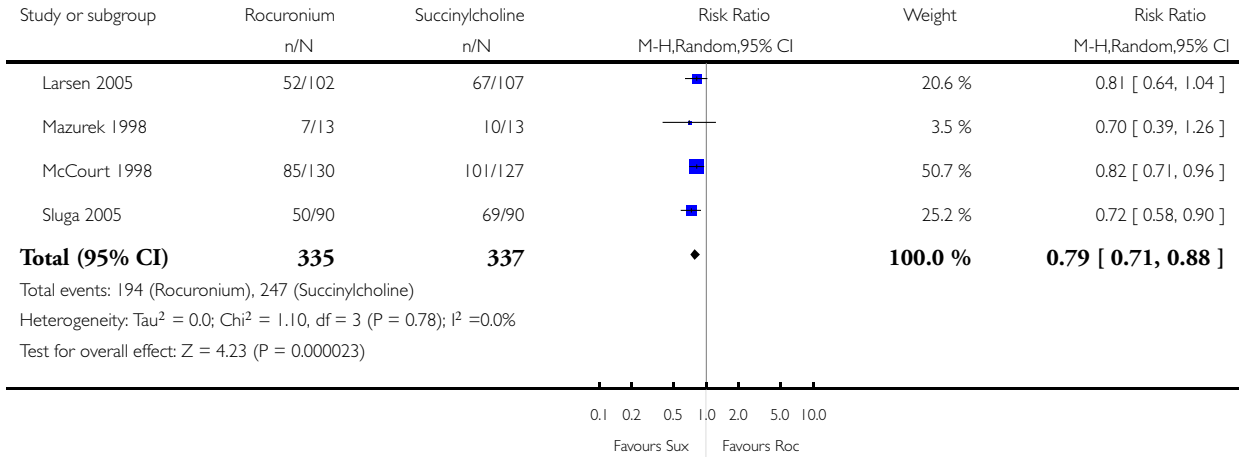


**Analysis 7.1. Comparison 7 Rocuronium versus succinylcholine in emergency intubation, Outcome 1
Excellent versus other intubation conditions.**

Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 7 Rocuronium versus succinylcholine in emergency intubation

Outcome: 1 Excellent versus other intubation conditions

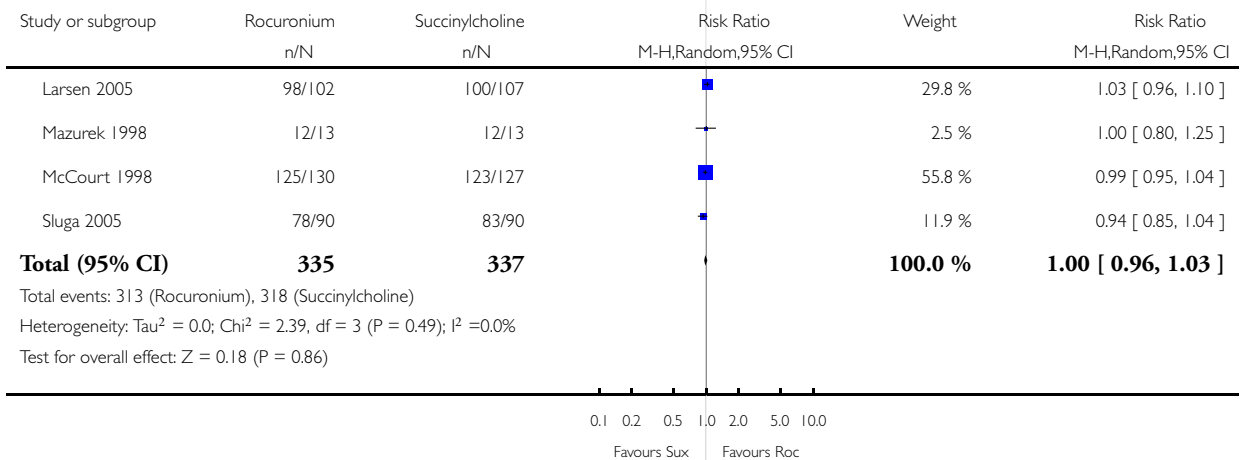


**Analysis 7.2. Comparison 7 Rocuronium versus succinylcholine in emergency intubation, Outcome 2
Acceptable versus suboptimal intubation conditions.**

Review: Rocuronium versus succinylcholine for rapid sequence induction intubation

Comparison: 7 Rocuronium versus succinylcholine in emergency intubation

Outcome: 2 Acceptable versus suboptimal intubation conditions



APPENDICES

Appendix I. MEDLINE (via OVID) (1950 to week 3 2007 (June))

Search terms

- #1 succinylcholine/
- #2 succinylcholine.tw
- #3 suxamethonium.tw
- #4 succinylidicholine.tw
- #5 anectine.tw
- #6 quelicin.tw
- #7 sucostrin.tw
- #8 celocurine.tw
- #9 deliclín.tw
- #10 listenon.tw
- #11 lysthenon.tw
- #12 myorelaxin.tw
- #13 succicuran.tw
- #14 or/1-13
- #15 rocuronium.tw
- #16 zemuron.tw
- #17 org 9426.tw
- #18 or/15-17
- #19 neuromuscular blocker/
- #20 neuromuscular block\$.tw
- #21 rapid sequence induction.tw
- #22 rsi.tw
- #23 intubat\$.tw
- #24 anesthesia/
- #25 anesthesia.tw
- #26 or/19-25
- #27 randomized controlled trials/
- #28 randomized controlled trial.pt
- #29 random allocation/
- #30 double blind method/
- #31 single blind method/
- #32 exp clinical trials/
- #33 clinical trial.pt
- #34 or/27-33
- #35 (clinic\$ adj trial\$1).tw
- #36 ((singl\$ or doubl\$ or treb\$ or trip\$) adj (blind\$3 or mask\$3)).tw
- #37 placebos/
- #38 placebo.tw
- #39 randomly allocated.tw
- #40 (allocat\$ adj random\$).tw
- #41 or/35-40

(Continued)

#42 case report.tw
#43 letter.pt
#44 historical article.pt
#45 or/42-44
#46 #34 or #41
#47 #46 not #45
#48 #14 and #18 and #26 and #47

Appendix 2. EMBASE (via OVID) (1980 to 2007 week 26 (June))

Search terms

#1 succinylcholine/
#2 succinylcholine.tw
#3 suxamethonium.tw
#4 succinylidicholine.tw
#5 anectine.tw
#6 quelicin.tw
#7 sucostrin.tw
#8 suxamethonium iodide/
#9 celocurine.tw
#10 deliclincin.tw
#11 listenon.tw
#12 lysthenon.tw
#13 myorelaxin.tw
#14 succicuran.tw
#15 or/1-14
#16 rocuronium/
#17 rocuronium.tw
#18 zemuron.tw
#19 org 9426.tw
#20 or/16-19
#21 neuromuscular blocking agent/
#22 neuromuscular block\$.tw
#23 general anesthesia/
#24 intubation/
#25 endotracheal intubation/
#26 intubation.tw
#27 (intubation adj endotracheal).tw
#28 rapid sequence induction.tw
#29 rsi.tw
#30 or/21-29
#31 #15 and #20 and #30

(Continued)

#32 randomized controlled trial/
#33 clinical trial/
#34 randomization/
#35 single blind procedure/
#36 double blind procedure/
#37 crossover procedure/
#38 placebo/
#39 randomized controlled trial\$.tw
#40 rct.tw
#41 (allocated adj2 random).tw
#42 single blind\$.tw
#43 double blind\$.tw
#44 ((treble or triple) adj blind\$.tw
#45 placebo\$.tw
#46 prospective study/
#47 or/32-46
#48 #31 and #47

WHAT'S NEW

Last assessed as up-to-date: 20 August 2007.

20 August 2007	New citation required and conclusions have changed	Substantive amendment. We reran our searches until June 2007. We found 18 new studies and included 11. The conclusions changed.
19 August 2007	New search has been performed	The review is substantially updated

HISTORY

Protocol first published: Issue 4, 2000

Review first published: Issue 1, 2003

CONTRIBUTIONS OF AUTHORS

Conceiving the review: Jeffrey J Perry (JJP)
Co-ordinating the review: JJP
Undertaking manual searches: JJP, Victoria Sillberg (VS)
Screening search results: JJP, Jaques Lee (JL), VS
Organizing retrieval of papers: JJP, VS
Screening retrieved papers against inclusion criteria: JJP, JL, VS
Appraising quality of papers: JJP, JL, VS
Abstracting data from papers: JJP, JL, VS
Data management for the review: JJP
Entering data into Review Manager: JJP, VS
Analysis of Data: JJP, JL, VS, George Wells (GW)
Interpretation of data: JJP, VS, GW
Statistical analysis: JJP, GW
Writing the review: JJP, JL, VS, GW
Securing funding for the review: JJP
Guarantor for the review (one author): JJP
Responsible for reading and checking review before submission: JJP

DECLARATIONS OF INTEREST

None known

SOURCES OF SUPPORT

Internal sources

- No sources of support supplied

External sources

- Canadian Association of Emergency Physicians, Canada.