

after intubation ($p < 0.05$) but not significant 5, 10 and 15 min after intubation ($p > 0.05$) (Table 6). Lambalk et al [14], Cooper et al [15] (0.6 mg/kg, 0.9 mg/kg), Khuenl-Brady KS et al [16], Cornet et al, Maddineni et al [17] (0.6 mg/kg, 0.9 mg/kg) also stated that rocuronium did not show changes in heart rate and MAP of clinical significance.

If we compare the variation in heart rate and MAP with pre-operative value, appreciable and statistically significant changes were observed just after induction (due to IV thiopentone administration) and just after intubation (specially highly significant in group I). The later increase was normal hemodynamic response to intubation due to increased sympathetic stimulation, which was marked in group I because intubation was not smooth. These results were in agreement with previous study by Apoulish et al [18], in which statistically significant increase in heart rate and MAP were observed 2 min after administration of rocuronium, coinciding with completion of intubation and skin incision.

6. Conclusion

Rocuronium bromide in a dose of 0.9 mg/kg IV has rapid onset of action, longer duration of action and excellent intubating conditions in comparison to 0.6 mg/kg and 0.3 mg/kg dose at 60 seconds. So it can be used in intubation for surgery longer than one hour duration. Rocuronium in a dose of 0.6 mg/kg IV also has acceptable intubating conditions, onset time, and short duration of action than 0.9 mg/kg dose. So it can be used for intubation if duration of surgery is less than one hour. Rocuronium in a dose of 0.3 mg/kg cannot be accepted as intubating dose because of unfavorable intubating conditions and prolonged onset of action.

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