

# 2023 ASA Anesthesia Practice Guidelines for Monitoring Neuromuscular Blockade:

December 2022 guideline summary:

- Quantitative neuromuscular monitoring of the adductor pollicis is recommended as it best reflects the diaphragm recovery strength. Use of eye muscles or facial nerves is not recommended for monitoring neuromuscular blockades.
- Qualitative or clinical assessment of neuromuscular blocking drugs alone is not recommended.
- Quantitative TOF monitoring is recommended over qualitative assessment to avoid residual neuromuscular blockade.
- Confirm a recovery of train-of-four or TOF ratio greater than or equal to 0.9 before extubation
- Sugammadex is recommended for TOF ratio's less than 0.4 or from deep, moderate and shallow levels of neuromuscular blockade that is induced by rocuronium or vecuronium.
- Neostigmine is a reasonable reversal alternative for minimal blockade or a TOF ratio of 0.4 to less than 0.9.
- Patients with quantitative train-of-four ratio of 0.9 or higher do not require blockade reversal or pharmacological antagonism.

Patients monitored quantitatively had less residual neuromuscular blockade compared to patients assessed qualitatively or clinically.

For information on quantitative TOF monitors options contact Bell Medical at [customerservice@bellmedical.com](mailto:customerservice@bellmedical.com)