ATROPINE

Read in conjunction with Disclaimer

HIGH RISK Medication

An overdose can cause respiratory depression, convulsions and coma.

Formulary: Restricted	
Presentation	**Ampoule:** 600 microg/mL
Classification	Anticholinergic
Indication	• Non-emergent endotracheal intubation: prevention of reflex bradycardia. • Prevention of muscarinic effects of neostigmine.
Special Considerations	**Avoid use in patients with:** Constipation, severe inflammatory GI disease, intestinal obstruction, tachycardia, arrhythmias, congenital glaucoma, hyperthyroidism (with related tachycardia), fever (from any cause) or urinary obstruction – **atropine may worsen these conditions or associated symptoms.**
Monitoring	Heart rate, urine output, temperature, abdominal distension. **Note:** Increases heart rate with a peak effect in 2 to 4 minutes after IV administration. Salivary secretion and intestinal and gastric motor activity are decreased for up to 6 hours. Bronchial smooth muscle relaxes, decreasing airways resistance.
Compatibility	**Fluids:** Sodium chloride 0.9%. **Y-site:** Amiodarone, fentanyl, heparin, hydrocortisone, meropenem, morphine sulfate.
Incompatibility	**Fluids:** No data. **Y site:** Ampicillin, diazepam, flucloxacillin, hydralazine, pantoprazole, phenytoin, sulfamethoxazole-trimethoprim.
Interactions	Giving atropine with other anticholinergic medications can increase therapeutic effects and risk of adverse effects.
Adverse Effects	**Common:** Tachycardia, flushing, irritability, dry mouth, abdominal distension, oesophageal reflux with decreased oesophageal sphincter tone, decreased gut motility, constipation, fever, photophobia.
	Serious: Arrhythmias (especially in first 2 minutes following IV administration), hyperthermia, urinary retention, seizures, closed angle glaucoma.
Storage & Stability	**Ampoule:** Store at room temperature, below 25°C.

INTRAVENOUS			
	Presentation	**Ampoule:** 600 microg/mL	
	Dosage	20 microg/kg/dose as a single dose.	
	Preparation	**Dilution:** • Draw up 1 mL (600 microg) of atropine and add to 5 mL of sodium chloride 0.9%. • Final volume is 6 mL. *Concentration now equal to* **100 microg/mL.**	
	Administration	**IV push:** • IV Injection over 1 minute. • Some references state that atropine may be administered rapidly, over a few seconds.	

Related Policies, Procedures, and Guidelines

HDWA Mandatory Policies:

MP 0131/20: WA High Risk Medication Policy

Clinical Practice Guidelines:

CAHS Neonatology – Intubation

CAHS Neonatology – Cardiac: Arrythmias

Pharmaceutical and Medicines Management Guidelines:

CAHS Neonatology – Medication Administration Guideline

High Risk Medicines

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