

ATROPINE SULPHATE (A)

(Revised: June 2019)



TYPE:	Parasympathetic blocking agent [S4]
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PRESENTATION:	600mcg in 1ml – plastic ampoule
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ACTIONS:	<p>Large number of actions.</p> <p>Those important in the pre-hospital setting:</p> <ol style="list-style-type: none">1. Blocks the action of the vagus nerve on the heart2. Increases the rate of the sinus node3. Increases speed of conduction through the AV node4. Reduces the amount of secretions from some glands (e.g. tear and salivary glands) <p>Onset IV: 2 minutes. Max effect: 5 minutes. IV half-life: adult – 2–3 hours; paed – approx. 6.5 hours.</p>
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USES:	ICP	1. Bradyarrhythmias with poor perfusion	
	ICP	2. Organophosphate poisoning / spider bite with cholinergic symptoms (to increase heart rate irrespective of BP and/or assist airway maintenance by reducing excess salivation)	AP

ADVERSE EFFECTS:	<ol style="list-style-type: none">1. Tachycardia2. Palpitations3. Blurred vision4. Dry mouth5. Confusion6. Urinary retention7. Increased body temperature (by decreasing perspiration)
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CONTRA-INDICATION:	Known hypersensitivity.
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continues over

ATROPINE SULPHATE (A) – cont.



PRECAUTIONS:

1. Care needed in patients with glaucoma
2. Aim not to increase heart rate above 100/min

DOSES:

BRADYARRHYTHMIAS

ADULT:

ICP

IV / IO: 600mcg – fast push
Repeat once after 3 – 5 minutes, if required.

PAEDIATRIC:

Not used.

ORGANOPHOSPHATE POISONING / CHOLINERGIC SYMPTOMS OF A SPIDER BITE

ADULT and PAEDIATRIC:

ICP

IV / IO: ADULT initial dose 600mcg – fast push
IV / IO: PAED initial dose 0.01mg/kg – fast push
Repeat every 3 – 5 minutes, while ever cholinergic symptoms present.
Double each repeat dose as required (e.g. 0.6mg → 1.2mg → 2.4mg etc.). No upper limit on doses.
Continue use even if BP is not low.

ICP

May be used **IM** (0.01mg/kg) in these circumstances if:

- IV access is not available *or*
- there are multiple patients affected *or*
- AP crew only on scene, prior to ICP back-up arriving

Repeat every 5 minutes, while ever cholinergic symptoms present.
Double each dose as required. No upper limit on doses – maximum IM dose dictated by volume into muscle.
Continue use even if BP is not low.

AP