## **IPRATROPIUM BROMIDE (Atrovent) (B1)**

(Revised: January 2010)



TYPE:	Anticholinergic bronchodilator [S4]		
PRESENTATIONS:	250mcg in 1ml – plastic nebule  Metered dose inhaler (MDI) – delivering 21mcg ipratropium bromide per activation		
ACTIONS:	<ol> <li>Bronchodilator</li> <li>Blocks vagal reflexes which mediate bronchoconstriction</li> <li>Possibly more effective when used in combination with salbutamol</li> <li>Onset: 3 – 5 minutes. Duration: 2 – 4 hours.</li> </ol>		
USE:	ICP	Bronchospasm from any cause, as an adjunct to salbutamol	AP
ADVERSE EFFECTS:	Rare with single use. Occasionally, urine retention.		
CONTRA- INDICATION:	Known hypersensitivity		
PRECAUTION:	Care	needed with use in patients with glaucoma	
DOSES:			
NEBULISER (via nebuliser mask or with CPAP)			
ADULT:			
ICP 500mcg – mixed with 1 <sup>st</sup> , then 3 <sup>rd</sup> and 5 <sup>th</sup> doses of salbutamol AP			
PAEDIATRIC:  ICP 250mcg – mixed with 1 <sup>st</sup> , then 3 <sup>rd</sup> and 5 <sup>th</sup> doses of salbutamol AP			
MDI (via spacer or with MDI adaptor on BVM)			
ADULT >6yrs:  ICP 4 x 21mcg (4 puffs)			AP
PAEDIATRIC < 6 yrs:			
ICP 2 x 21mcg (2 puffs)  AP			