

ATROPINE SULPHATE (A)

(Revised: April 2012)



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.</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
	ICP	3. Bradycardia post suxamethonium use	

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: 0.01mg/kg – fast push
Repeat once if required.

PAEDIATRIC:

Not used.

ORGANOPHOSPHATE POISONING / CHOLINERGIC SYMPTOMS OF A SPIDER BITE

ADULT and PAEDIATRIC:

ICP IV / IO: 0.01mg/kg – fast push
Double each repeat dose as required (i.e. 1mg → 2mg → 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

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

TO TREAT BRADYCARDIA POST SUXAMETHONIUM USE:

ADULT:

ICP IV / IO: 0.01mg/kg – fast push

PAEDIATRIC:

Not used