

Medication: Ipratropium Bromide	PDN: 6945.02	Last Updated: May 23, 2013	PMD: Andrew Travers*	PDC: Steven Carrigan*	Page 1 of 2
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IPRATROPIUM BROMIDE (Atrovent)

1.0 Classification

- Anticholinergic
- Parasympatholytic

2.0 Mechanism of Action

- Causes bronchodilation and dries respiratory tract secretions by blocking acetylcholine receptors

3.0 Indications

- Shortness of breath with signs of bronchospasm (e.g. wheezes)

4.0 Contraindications

- Known hypersensitivity
- Bladder neck obstruction
- Acute narrow (closed) angle glaucoma

5.0 Precautions

- If not given via a well-fitting mask, it has been reported to result in glaucoma. Make every effort to avoid getting mist into patient's eyes.

6.0 Routes

- May be given by nebulizer

7.0 Dosage

Adult

- 500 mcg (2 mL) mixed with salbutamol; may be repeated 20 min x 3 followed by 500 mcg every 2-4 hrs as needed

Children 6 - 12 yrs:

- 250 mcg (1 mL) mixed with salbutamol and/or normal saline to a minimum of 2 mL

Children 1 - 5 yrs:

- 125 mcg (0.5 mL) mixed with salbutamol and/or normal saline to a minimum of 2 mL

8.0 Supplied

- 250 mcg/mL in 2 mL polyamp

9.0 May Be Given By

- PCP/ICP/ACP/CCP

10.0 Adverse Effects

- Tachycardia, palpitations
- Headache
- Dizziness
- Anxiety
- Nausea/vomiting
- Blurred vision

11.0 Special Notes

- Atrovent is most commonly given in conjunction with a beta-agonist
- Pregnancy category B [if there is a clinical need for it, Category B drugs are considered safe to use]

12.0 References

- Adult Respiratory Distress Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)

*Electronically Signed
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