



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME
benztropine

Effective Date: May 2013

Revised Date: Nov13-2013

Review Date: Jan 10 2018

CLASSIFICATION
Antiparkinsonian

OTHER NAMES
Cogentin

PAGE
1 of 1

ADMINISTRATION POLICY:

IV Bolus –May be administered by a nurse
 IV Infusion – *Not recommended*
 IM Injection –May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

Available as: 1 mg/mL – 2 mL vials

IV Bolus: Administer undiluted over 2 to 3 minutes

IV Intermittent: *NOT PREFERRED METHOD.* Dilute to 50 or 100 mL with normal saline and give over 15 to 30 minutes.

IM Injection: Administer undiluted

Maximum Rate: 2 mg/minute

Maximum Concentration: 1mg/mL

DOSAGE:

Usual:

IV/IM: 1-2 mg every 8 hours as needed (IM route preferred; same onset as IV)

Maximum single dose: 4 mg

Maximum daily dose: 8 mg

STABILITY/COMPATIBILITY:

Stability of Final Admixture: 24 hours at room temperature

Compatibility: Compatible with normal saline

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Anticholinergic effects: confusion, hallucinations, dry mouth, urinary retention, constipation, blurred vision, tachycardia.

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Use is contraindicated in patients with myasthenia gravis, achalasia, pyloric or duodenal or bladder neck obstructions, stenosing peptic ulcers
- May aggravate confusion or tardive dyskinesias.
- May be administered by IM Injection – there is no clinically important difference in onset between IM or IV injection, therefore IV administration of the drug is rarely necessary
- Effects of the drug are cumulative and may not be evident until 2 to 3 days after treatment has begun.
- Elderly patients: may be more sensitive to anticholinergic effects.