



REGIONAL ADULT PARENTERAL DRUG MONOGRAPH

GENERIC NAME

scopolamine hydrobromide

Effective Date: Dec 2012

CLASSIFICATION
Antispasmodic

OTHER NAMES
Hyoscine hydrobromide

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Revised Date: March 2024

ADMINISTRATION POLICY:

- IV Bolus - May be administered by a nurse
- IM Injection - May be administered by a nurse
- Subcutaneous - May be administered by a nurse

RECONSTITUTION/DILUTION/ADMINISTRATION:

- Available as:** 0.4 mg/mL & 0.6 mg/mL – 1 mL vial
- IM/Subcut:** Administer undiluted
- IV Bolus:** Undiluted or diluted in 5 to 10 mL normal saline. Administer over 1 to 2 minutes
- Maximum rate:** 0.6 mg/minute
- Maximum concentration:** 0.6 mg/mL

DOSAGE:

- Usual:** 0.3 to 0.6 mg. May repeat 3 to 4 times per day
- Maximum single dose:** 1 mg
- Maximum daily dose:** 2.4 mg (higher doses used in Palliative Care)

STABILITY/COMPATIBILITY:

- Stability of Final Admixture:** Use immediately
- Compatibility:** Compatible with normal saline, D5W, combination dextrose-saline solutions, Lactated Ringer

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

- Dry mouth, sedation, constipation, and visual disturbances

ADDITIONAL NOTES AND NURSING CONSIDERATIONS:

- Contraindicated in glaucoma, urinary retention
- Use with caution in patients with coronary artery disease, tachyarrhythmias, heart failure, hypertension, psychosis or seizure disorders
- Adverse CNS effects may occur more often in patients with hepatic impairment
- Scopolamine hydrobromide is normally used for drying up excessive secretions.