REGIONAL PEDIATRIC PARENTERAL DRUG MONOGRAPH

GENERIC NAME

atropine

Effective Date: May 2013 **Revised Date:** May 9 2018	CLASSIFICATION **Anticholinergic**	OTHER NAMES	PAGE 1 of 2

ADMINISTRATION POLICY:

IV Infusion - May be administered by a nurse
IM Injection - May be administered by a nurse
Subcutaneous - May be administered by a nurse
Intraosseous (IO) - **Administration restricted to nurse in ED**
Endotracheal (ET) - **Administration restricted to nurse in ED**

RECONSTITUTION/DILUTION/ADMINISTRATION:

Supplied as: 0.4 mg/mL – 1 mL ampoule
0.6 mg/mL – 1 mL ampoule
0.1 mg/mL – 10 mL pre-filled syringe, 0.2 mg/mL – 5 mL prefilled syringe

Rapid Direct: Administer undiluted over 1 minute. Flush with normal saline after each dose.

Direct: Administer undiluted over maximum of 2 minutes. Flush with normal saline.

Infusion: **Not** recommended routinely. Dilute in convenient volume of compatible IV solution and infuse at ordered dosage.

Central: No special considerations. Refer to Rapid Direct, Direct or Infusion.

IM: Deltoid or vastus lateralis muscle site preferred. Elevate limb for 10-20 seconds following injection. Use needle gauge and length appropriate for age.

Subcutaneous: No special considerations. Use needle gauge and length appropriate for age. May inject through Insuflon (SC) catheter.

Intraosseus: No special considerations: Refer to Rapid Direct, Direct or infusion.

Endotracheal (ET): Administer undiluted over 10 seconds through endotracheal tube. Follow by normal saline flush (infant 0.5 mL, child 3 mL) and 3 to 4 vigorous hand ventilations.

Maximum Concentration: IV, IM, Subcut, IO/ET 0.6 mg/mL Infusion

DOSAGE:

Preoperative:

IV, IM, Subcut 0.01to 0.03 mg/kg/dose given 30 to 60 minutes prior to anesthesia (maximum 0.6 mg/dose)

Complete Atrio-ventricular Heart Block or Bradycardia

IV, IO/ET 0.01 to 0.03 mg/kg/dose
Repeat every 3 to 5 minutes as needed (maximum total dose 2 mg)

(dosage continued)

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DOSAGE (continued):

Organophosphate Insecticide Poisoning:

IV, IO	**Initial dose:**	0.05 mg/kg/dose. Repeat every 10 minutes as needed until cholinergic signs resolve, then every 30 to 60 minutes until cholinergic effects resolved.
	Titrate:	Clinical endpoint is resolution of cholinergic signs and patient's respiratory status Increase dosage or use continuous INFUSTION as required usual maximum total dose 100 mg (higher dosages may be required)
Infusion	**Initial dose:**	0.05 mg/kg/dose
	Infusion:	0.025 mg/kg/hour

Renal Impairment: No dosage adjustment required
Hepatic Impairment: No dosage adjustment required
Obesity: Dose based on actual body weight

STABILITY/COMPATIBILITY:

Stability of multidose vial: 30 days refrigerated.
Stability of Final Admixture: 24 hours at room temperature.

Compatibility: Compatible with D5W, normal saline

PRECAUTIONS, POTENTIAL ADVERSE REACTIONS:

Adverse effects related to total dose and rate of administration.

CV: palpitations, tachycardia, paradoxical bradycardia if administered slowly
GI: difficulty swallowing, thirst, dry mouth
NEURO: dizziness, tremor, ataxia, restlessness, fatigue
ORHTH: dilated pupils, photophobia, blurred vision
RENAL: urinary retention, constipation
OTHER: dry, hot skin, heat intolerance, impaired temperature regulation

CAUTION:

- Consider using physostigmine for atropine toxicity
- Heat intolerance or impaired temperature regulation with febrile patients or with patients in a warm room
- Obstructive uropathy, obstructive GI diseases, paralytic ileus, intestinal atony

CONTRAINDICATIONS:

- glaucoma

REQUIRED MONITORING:

Pre-operative no special monitoring required
A-V Block, Bradycardia continuous ECG monitoring recommended, blood pressure, respiratory rate.