ATROPINE

Trade Name	Atropine sulphate (Max Health)
Class	Anticholinergic, alkaloid
Mechanism of Action	Blocks parasympathetic system effects. Increases heart rate (peak tachycardia ±15mins) Relaxes bronchial smooth muscle and decreases airway resistance Decreases salivary secretion and GIT motility for up to 6 hours
Indications	**Indication 1:** Intubation - prevention of bradycardia. **Indication 2:** Severe sinus bradycardia: particularly with parasympathetic influences on the heart (digoxin, beta blockers, carotid sinus reflex)
Contraindications	Arrhythmias, extreme tachycardia, glaucoma, hypersensitivity.
Supplied As	Injection 600 microgram/mL ampoule
Dilution	Nil required
Dosage	20 microgram/kg/dose. (Range 10-30 microgram/kg/dose) Max total dose of 40 microgram/kg.
Interval	Single dose Repeat at 5-10min intervals if needed
Administration	IV bolus over 1 min ET only if no IV access.
Compatible With	Dextrose, 0.9% sodium chloride, TPN. Y site compatibility with: amiodarone, benzylpenicillin, calcium chloride, calcium gluconate, cefazolin, cefotaxime, cefuroxime, dexamethasone, dexmedetomidine, digoxin, dobutamine, dopamine, erythromycin, famotidine, fentanyl, fluconazole, furosemide, gentamicin, heparin, hydrocortisone, insulin, magnesium sulfate, meropenem, metoprolol, midazolam, potassium chloride, ranitidine, vancomycin.
Incompatible With	Adrenaline hydrochloride, ampicillin, heparin sodium, flucloxacillin, noradrenaline, phenobarbitone, sodium bicarbonate, thiopentone.
Monitoring	Continuous cardiorespiratory monitoring and temperature.
Stability	Use once only and discard residual.
Storage	Stable in room air at 25ºC protect ampoule from light.

Adverse Reactions	Arrhythmias (AV dissociation); hyperthermia; abdominal distension & oesophageal reflux (decreased GIT motility); decreased oesophageal sphincter tone. ↑ Myocardial O_2 consumption. Urinary retention. Overdose: lethargy, convulsions, death.
Metabolism	Excreted unchanged in urine.
Comments	**Overdose Treatment:** physostigmine (if fever) or neostigmine. Not recommended in neonatal delivery suite resus[2]. Reports on the compatibility of atropine with sodium bicarbonate are conflicting; do not use if a precipitate is visible.
References	1. Neofax 2000: 86-87. 2. Leuthner S.R. et al "Cardiopulmonary resuscitation of the newborn." Pediatric Clinics of North America 1994 Oct. 41(5):893-907. 3. Barrington K.J. et al "Succinylcholine and atropine for premedication of the newborn infant before nasotracheal intubation." Critical Care Med. 1989 Dec; 17(12):1293-6. 4. Trissell Handbook of injectable Drugs 10th Edition 5. NZHPA Notes on injectable Drugs 5th Edition 6. Micromedex
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