ATROPINE

McHenry Western Lake County
Emergency Medical Services
During this session we will discuss:
- Class
- Actions
- Indications
- Contraindications
- Dosing/Routes
- How supplied
- Precautions
- Side effects
Class

- Antidysrhythmic, Anticholinergic parasympatholytic blocker
Anticholinergic

- The action of certain medications that inhibit the transmission of parasympathetic nerve impulses and thereby reduce spasms of smooth muscle.
Actions

- Anticholinergic (parasympathetic blocker)
- Indirectly increases heart rate
- Increases AV Node conduction
- Decreases GI motility
- Dries secretions
- Dilates bronchioles
Indications

- Symptomatic Bradycardia if pacing ineffective
- Cholinergic poisonings
- Neurogenic Shock
- Pediatrics: Pre medicate for DAI
Symptomatic bradycardia: 0.5 mg rapid IVP (1 mg ET). Repeat q. 3-5 min to max. of 0.04 mg/kg (3 mg) (6 mg ET)

Cholinergic poisoning:
1 mg IV/IO/IM. Repeat q. 3 min until secretions dry. No max dose.

Peds: 0.02 mg/kg IV/IO Min. 0.1 mg;
- Max doses
- Child single dose: 0.5 mg
- Child total dose: 1 mg
- Adolescent single dose 1 mg
- Adolescent total dose 2 mg
1mg in 10ml preloads
Contraindications

- 2* AVB Mobitz type II
- 3* AVB with wide QRS complexes
- Known hypersensitivity
- Use with caution in Cardiac ischemia or MI and hypoxia due to the increase in O2 demand.
Precautions

- A dose of <0.5 mg may paradoxically slow the Heart Rate.
CNS: Sensorium changes, drowsiness, confusion, headache

CV: ↑ HR; ↑ myocardial O₂ demand

Eyes: Dilated (not fixed) pupils, blurred vision

Skin: Warm, dry, flushed

Drying of secretions (mouth, nose, eyes, bronchioles)

Ref; MWLCEMS Protocol and 2000 Mosby’s Nursing Reference Book
You have been called to the local fitness center and find a 52 y/o male who is very pale, diaphoretic and weak.

He states that he has no history, meds or allergies

You have placed him on the monitor and note a Sinus Bradycardia at a rate of 38. His B/P is 68/42.

What would be the first dose of Atropine
He would receive 0.5mg rapid IVP
Repeat every 3-5 minutes to max of 0.04 mg/kg (3mg)
Pacemaker pads would be placed on this patient as well.
What would you set the pacemaker at?
- Turn pacer on
- Select rate of 60-70 bpm
- Watch the ECG and increase the mA until mechanical capture is confirmed by femoral pulse.
- Evaluate B/P once capture is achieved
- Consider sedation with Versed for comfort