Atrovent
(Ipratropium Bromide)

McHenry Western Lake County
EMS
Objectives

- During this session we will discuss:
- Class
- Actions
- Indications
- Contraindications
- Dosing/Routes
- How supplied
- Precautions
- Side effects
Class:

- Anticholinergic
- Bronchodilator
Anticholinergic

- An anticholinergic agent is a member of a class of pharmaceutical compounds (such as Dicyclomine) which serve to reduce the effects mediated by acetylcholine in the central nervous system and.
Actions:

- Inhibits interaction of acetylcholine at receptor sites on the bronchial smooth muscle, resulting in bronchodilation.
Indications:

- Bronchospasm associated with:
- Mod/severe allergic reaction
- COPD/Asthma
- Considered safe to use in pregnant women
Dosing/Routes:

- 0.5 mg (500 mcg) in 2.5 ml NS added to 1st Albuterol dose by HHN.
How supplied:
Contraindications:

- Peds patients <12 years old
- Hypersensitivity to atropine or Ipratropium (Spiriva) products.
Precautions:

- Neb mouthpiece is preferred over face mask to avoid contact with the eyes
- Bladder neck obstruction
- Glaucoma
- Narrow angle prostate hypertrophy
Side effects/adverse reactions:

- GI: Nausea and vomiting
- EENT: Dry mouth, blurred vision, dilated pupils
- CNS: Anxiety, dizziness, headache and nervousness
- Resp: Cough, worsening of symptoms, bronchospasms
- CV: Palpitation

Ref: MWLCEMS Protocol and 2000 Mosby’s Nursing Drug Reference Book
Case Study

• You have been dispatched to a patient having an Asthma attack. You arrive to find them in moderate distress. Your first Hand Held Neb should have what meds in it?
Answer

• Albuterol 2.5mg and Ipratropium (Atropine) 0.5mg via HHN or mask.
• Supplement w/02 6L/NC if patient is hypoxic and using a HHN.
Case Study

• You have started your transport to the Hospital and the patient is now worse with a SP02 of 92%. What medications should you consider?
Answer

- Epinephrine (1:1000) 0.3mg IM
- Continue Albuterol
- May consider Magnesium (50%) 2gm (4ml) mixed with 16 ml NS slow IVP over 5 minutes.