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	Solution: 0.9% sodium chloride Note: There is no info on compatibility of atropine with dextrose or TPN
	Y site: Adrenaline, amikacin, aminophylline, amiodarone, benzylpenicillin, calcium chloride, calcium gluconate, cefazolin, cefotaxime, cefuroxime, dexamethasone, dexmedetomidine, digoxin, dobutamine, dopamine, ephedrine, epoetin alfa, erythromycin, famotidine, fentanyl, fluconazole, furosemide, gentamicin, heparin, hydrocortisone succinate, imipenem cilastatin, indomethacin, insulin, lidocaine, magnesium sulfate, meropenem, methylprednisolone, metoprolol, midazolam, milrinone, morphine sulphate, naloxone, noradrenaline, phenobarbital, phenylephrine, piperacillin, potassium chloride, propofol, ranitidine, sodium bicarbonate, tobramycin, vancomycin, vasopressin.
Incompatible With	Ampicillin, diazoxide, flucloxacillin, hydralazine, pantoprazole phenytoin, sulphamethoxazole/trimethoprim, thiopentone.

Interactions	Atropine may increase the risk of hypertension when used in combination with phenylephrine (eg in eye drops).
	Increased risk of antimuscurinic side effects (blurred vision, dry mouth, urinary retention and constipation) if used in combination with. hyoscine / scopolamine.
	Atropine may reduce the prokinetic effects of erythromycin, domperidone or metoclopramide.
	Atropine may increase the constipating and urinary retention effects of morphine.
Monitoring	Continuous cardiorespiratory monitoring and temperature.
Stability	Use once only and discard residual.
Storage	Stable in room air at 25°C 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	 Neofax 2000: 86-87. Leuthner S.R. et al "Cardiopulmonary resuscitation of the newborn." Pediatric Clinics of North America 1994 Oct. 41(5):893-907. 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. Trissell Handbook of injectable Drugs 10th Edition NZHPA Notes on injectable Drugs 5th Edition Micromedex
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