

<b>Medication:</b> Atropine	<b>PDN:</b> 6906.04	<b>Last Updated:</b> June 20 2018	<b>PMD:</b> Andrew Travers*	<b>PDC:</b> Tanya Fraser*	Page 1 of 2
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## ATROPINE

### 1.0 Classification

- Parasympatholytic
- Anticholinergic

### 2.0 Mechanism of Action

- Increased sinus node automaticity
- Increased A-V conduction

### 3.0 Indications

- Symptomatic or hemodynamically unstable bradycardia
- Organophosphate poisoning

### 4.0 Contraindications

- Hypothermic bradycardia
- Acute narrow (closed) angle glaucoma

### 5.0 Precautions

- May cause tachycardia and increase myocardial ischemia; use with caution in patients with ischemic chest pain
- In 2° (Type II) or 3° blocks with wide QRS complexes, atropine may not be effective
- Underdosing may result in paradoxical slowing of the heart

### 6.0 Route

- May be given IV/IO

### 7.0 Dosage

#### Adult

- For bradycardia: 0.5 mg every 3-5 minutes as needed (maximum total dose of 0.04 mg/kg or 3 mg)
- For organophosphate poisoning: 2-4 mg repeated every 20 minutes until muscarinic<sup>1</sup> symptoms reverse

#### Pediatric

- For bradycardia: 0.02 mg/kg (minimum dose 0.1 mg; maximum single dose 0.5 mg). Dose may be repeated once. Maximum total dose for child is 1 mg and 3 mg for an adolescent.
- For organophosphate poisoning:
  - Less than 12 years of age: 0.02-0.05 mg/kg initially, repeated every 20-30 minutes until muscarinic symptoms reverse.
  - 12 years of age and over: 2 mg initially then 1-2 mg every 20-30 minutes until muscarinic symptoms reverse.

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<sup>1</sup> Muscarinic symptoms can include included in the acronym SLUDGE (salivation, lacrimation, urination, diarrhea, gastrointestinal distress and emesis) as well as bradycardia, bronchorrhea, and bronchospasm.

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## 8.0 Supplied

- 1 mg in 10 mL preloaded syringe

## 9.0 May Be Given By

- ACP/CCP
- ICP on order from Clinical Support Paramedic

## 10.0 Adverse effects

- Rebound tachycardia
- Drowsiness
- Confusion
- Blurred vision

## 11.0 Special notes

- Atropine will cause pupil dilation
- Pregnancy category C [if the patient will benefit from a Category C drug, it is generally used]

## 12.0 References

- Adult Arrhythmia Clinical Practice Guideline
- Toxicological Emergencies Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)

\*Electronically Signed  
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