## **Atropine Sulfate**

#### **Formulary**

**Douglas County Kansas EMS System** 

**March 2021** 

**Approved Provider:** Paramedic

Referenced Protocols: Drug Overdose/Poisoning, Dysrhythmias

## **Dosing and Administration**

#### **ADULT Medications:**

- **Symptomatic Bradycardias:** 1mg IV/IO q 3-5 min. (Max of 3mg)
- Organophosphate Poisoning:
  1-3 mg IV/IO/IM repeat every 5 minutes depending on severity of poisoning

PEDIATRIC Medications: Refer to HandTevy

- Symptomatic Bradycardias: 0.02mg/kg IV/IO repeat only once in 5min. (Max of 1mg)
- Organophosphate Poisoning:
  0.05 mg/kg IV/IO/IM repeat every 5 minutes depending on severity of poisoning

### **Pharmacology and Actions:**

 Atropine is an Anti-Cholinergic (Parasympatholitic). It is a positive chronotropic which increase heart rate and a positive dromotropic which increases electrical conduction within the heart

#### **Indications:**

- Symptomatic bradycardias including:
  - Sinus bradycardia
  - Sinus arrest/block
  - Sinus bradycardia with PVC's
- Cholinergic poisoning

#### **Contraindications:**

None

#### **Precautions:**

- Atropine may induce tachycardia and increase myocardial oxygen consumption, therefore, it should be used with caution in patients with:
  - Coronary Artery Disease
  - Ongoing myocardial ischemia
  - o CHF
- Reflex bradycardia if given slowly or at a dose of <0.5mg adult, <0.1mg Ped</li>
- Not effective in 2° and 3° AV block with wide QRS

#### **Administration:**

- Intravenous (IV) Fast push
- Intraosseous (IO) Fast push
- Intramuscular (IM)

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## **Side Effects:**

- Ventricular fibrillation has occurred after IV administration of atropine
- Excessive doses of atropine may cause delirium, ataxia, blurred vision, tachycardia or coma