

# atropine

600 microgram/mL injection, 0.5% eye drops\*

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This is a high risk medication ⚠

An overdose will cause respiratory depression, convulsions and coma.

## Synonyms

Hyoscyamine

## Dose and Indications

### Bradycardia

#### Intravenous, Intramuscular

10 to 20 micrograms/kg per dose

Dose can be repeated every 10 to 15 minutes to achieve desired effect, with a maximum total dose of 40 microgram/kg

### Pre-medication for intubation

#### Intravenous

20micrograms/kg/dose

### Reversal of Non-Depolarising Muscle Relaxation (e.g. pancuronium)

#### Intravenous, Intramuscular, Subcutaneous

20microgram/kg/dose in conjunction with neostigmine (in separate syringes).

### Mydriasis

#### Ocular

One drop every 12 hours for 5 to 7 days maintains dilatation of the pupil after surgery

\* 0.5% eye drops are not commercially available however may be manufactured by selected pharmacy production units

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## Preparation and Administration

**Ocular**

The eye can only hold a maximum of one drop. There is no advantage of instilling several drops. If instilling more than one drop in an eye then separate drops by several minutes to avoid washing drops out of eye. Finger pressure applied to lacrimal sac following application of eye drops will reduce systemic absorption

**Intravenous, Intramuscular, Subcutaneous, Endotracheal**

Dilute 1mL of the 600 microgram/mL atropine injection with 5mL sodium chloride 0.9% (to a total volume of 6mL). The resulting solution contains 100microgram/mL atropine.

Dose	10micrograms	20micrograms	40micrograms	60micrograms	80 micrograms
Volume	0.1mL	0.2mL	0.4mL	0.6mL	0.8mL

Administer IV over at least 1 minute

If administered via the endotracheal tube, flush the dose with 1mL of sodium chloride 0.9%.

**Discard any remaining solution**

## Compatible Fluids

Glucose 5%, sodium chloride 0.9%

## Adverse Effects

**Common**

Tachycardia, photophobia, constipation, urinary retention, flushing, fever.

**Infrequent**

Vomiting, headache, paralytic ileus, rash

**Rare**

Closed angle glaucoma, seizures

## Monitoring

> Heart rate

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## Practice Points

- > For reversal of non-depolarising muscle relaxation it is recommended that at least 60 minutes should elapse from the time of the last dose of pancuronium for reversal to be effective.
- > Neonates are especially susceptible to the toxic effects of atropine. Overdose can occur easily resulting in respiratory depression requiring ventilation or paralytic ileus requiring IV therapy.
- > Do not mix with sodium bicarbonate.
- > Contraindicated in urinary tract obstruction, thyrotoxicosis, fever, ileus, pyloric stenosis and closed angle glaucoma. Use cautiously in patients with reflux oesophagitis.

## Version control and change history

**PDS reference:** OCE use only

Version	Date from	Date to	Amendment
1.0	November 2012	current	Original version