

atropine

600microgram/mL injection, 0.5% eye drops*

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Note

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

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).

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South Australian Maternal & Neonatal Clinical Network

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South Australian Neonatal Medication Guidelines Workgroup at:

NeoMed@health.sa.gov.au

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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

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

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1.0	November 2012	current	Original version

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