

Ipratropium Bromide (Atrovent®)

Classification: Anticholinergic Bronchodilator

Actions:

1. Blocks interaction of acetylcholine (antagonist) at muscarinic cholinergic receptors and bronchial smooth muscle receptor sites
2. Reduced mucus production
3. Decreased level of cyclic guanosine monophosphate

Indications:

1. Respiratory distress with wheezes/bronchospasm
2. SOB due to COPD exacerbation or asthma
3. Persistent bronchospasms

Contraindications: **Known hypersensitivity to Ipratropium or Atropine**

Adverse Effects:	Mydriasis Tachycardia Blurred Vision Nausea/Vomiting	Headache Anxiety Skin Flushing Paradoxical Bronchospasm
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Administration: **ADULT DOSE**

500 mcg via HHN/Mask/CPAP/BVM with adjunct over 5-10 minutes

- Repeat once after 20 minutes

PEDIATRIC DOSE

250 mcg via HHN/Mask/BVM with adjunct over 5-10 minutes

- Repeat once after 20 minutes

Onset: <15 minutes

Duration: 2-4 hours

Notes:

- Ipratropium Bromide should be administered with oxygen, be sure to closely monitor the patient's vital signs and cardiac status
- **Ipratropium Bromide is to be utilized in combination with Albuterol**
- Ipratropium Bromide aerosols can, in rare cases, cause paradoxical bronchospasms which usually happen upon initial use of medication. If this occurs, Ipratropium Bromide should immediately be discontinued
- Avoid contact with eyes