

**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**

<b>Adverse Effects:</b>	Mydriasis	Headache
	Tachycardia	Anxiety
	Blurred Vision	Skin Flushing
	Nausea/Vomiting	Paradoxical Bronchospasm

**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