

**ORANGE COUNTY EMS AGENCY
PARAMEDIC PHARMACOLOGY HANDBOOK**

MEDICATION: ATROPINE SULFATE	ADULT DOSE	PEDIATRIC DOSE	SIDE EFFECTS	PRECAUTIONS/COMMENTS
<p>CLASSIFICATION: Anticholinergic</p> <p>MECHANISM OF ACTION:</p> <ul style="list-style-type: none"> Blocks the receptors of the parasympathetic nervous system: <ul style="list-style-type: none"> Increases heart rate by increasing rate of discharge of SA node. Accelerates conduction through AV node. Reverses muscarinic effects of organophosphates and nerve agents. <p>INDICATIONS:</p> <ul style="list-style-type: none"> Bradycardia, first, second or third degree heart block with hypoperfusion. PEA with rate < 60 (adults only). Ventricular asystole (adults only). Antidote for organophosphate poisoning/nerve agent exposure. <p>DOSAGE FORM:</p> <ul style="list-style-type: none"> 1 mg/10 mL, 10 mL prefill syringe 1 mg/mL, 1 mL vial 0.4 mg/mL, 20 mL vial 2 mg/0.7 mL auto-injector 	<ul style="list-style-type: none"> 0.5 mg IVP every 3-5 minutes to a maximum of 3 mg. For documented PEA HR < 60 or asystole: 1 mg IVP every 3-5 minutes to a maximum of 3 mg. 2.0 mg ET once. 2-5 mg IM or IVP for organophosphate poisoning. May repeat 1-2 mg IVP as needed. 2-6 mg IM/IV, or 1-3 auto-injectors IM depending on severity for nerve agent exposure. 	<ul style="list-style-type: none"> 0.02 mg/kg IVP every 3-5 minutes to a maximum of 0.04 mg/kg. 0.05 mg/kg IVP or per BH for organophosphate poisoning. 0.5-1.0 mg IM or 0.02 mg/kg IVP with a minimum dose of 0.1 mg IVP, or BH order for nerve agent exposure. Minimum dose of 0.1 mg to avoid paradoxical bradycardia. 	<ul style="list-style-type: none"> Tachycardia. Dry mouth. Blurred vision. Dilated pupils. 	<ul style="list-style-type: none"> May increase myocardial oxygen demands precipitating angina or extending an area of infarct. Use with caution in acute MI. May occasionally cause ventricular tachycardia or fibrillation. Increase in heart rate may be minimal in elderly people and children. May not be useful for patients with wide complex third degree AVB and second degree Mobitz II AVB. Not indicated for bradycardia related to head injuries. Not effective in heart transplant patients.

Ben Hym