Atropine

[Adult Cardiac Symptomatic Bradycardia] [Pediatric Symptomatic Bradycardia] [Adult Medical Drug Overdose] - Calcium Channel Blockers & Beta Blockers [Pediatric Drug Overdose] - Calcium Channel Blockers & Beta Blockers		
P	**Adult**	0.5 mg IV/IO q5min (max 3mg)
	Pediatric	0.02 mg/kg IV/IO (min 0.1mg, max 0.5mg per dose) q5 minutes (max total dose 3mg) **[Weight Based Pediatric Dosing Chart Link]**
[Adult Medical Drug Overdose] - Organophosphates [Pediatric Drug Overdose] - Organophosphates		
P	**Adult**	**Minor**: 2mg IV/IO/IM q3-5 min until drying of secretions. **Major**: 6mg IV/IO/IM q3-5 min until symptoms resolve. No max.
	Pediatric	**Minor**: 0.05mg/kg (max 2mg per dose) IV/IO/IM q3-5 min until drying of secretions. **Major**: 0.05mg/kg (max 6mg per dose) IV/IO/IM q3-5 min until symptoms resolve. No max.

*****KEY POINT*****

- Pediatric administration should be given to children greater than 6 months
- In the setting of third degree heart block, Mobitz type II second-degree heart block, or for cardiac transplant patients, Atropine should be used with caution, and only after attempts at transcutaneous pacing have failed

Class:

- Acetylcholine antagonist, Antiarrhythmic, Antidote

Description of Use:

- Competes with acetylcholine for common binding sites on muscarinic receptors to decrease GI motility, secretory activity, and GU muscle tone
- Also reverses various types of reflex vagal cardiac slowing or asystole

Pharmacokinetics: (Route: IV)

- Onset: Rapid
- Half-life: 2-5 hrs

Special Populations:

- Pregnancy Class: C
- Children/Elderly: Increased susceptibility to atropine effects

Contraindications:

- Extreme cautions: In the setting of acute MI, cardiac transplant patients, third degree heart block or Mobitz type II second-degree heart block, Atropine should be used only after attempts at transcutaneous pacing have failed
- Children < 6 months of age

Adverse reactions:

- Overdose may produce tachycardia, palpitations, hot/dry/flushed skin, absence of bowel sounds, increased respiratory rate, nausea, vomiting, confusion, drowsiness, slurred speech, dizziness, CNS stimulation. Overdose may also produce psychosis as evidenced by agitation, restlessness, rambling speech, visual hallucinations, paranoid behavior, delusions, followed by depression