

Atropine

By Jim Moss

Indications: Symptomatic bradycardia for low degree AV blocks (i.e.-Sinus bradycardia and 2nd Degree Type I/Wenckebach), Organophosphate (pesticide/nerve agent) poisoning.

Precautions/Contraindications: Will not be effective for high degree AV blocks (2nd Degree Type II/Complete heart block) Avoid in hypothermic bradycardia. Routine use during PEA or Asystole is unlikely to have therapeutic benefit.

Dosing: Symptomatic Bradycardia

ADULTS= 0.5 mg IV/IO every 3-5 min., MAX 3mg

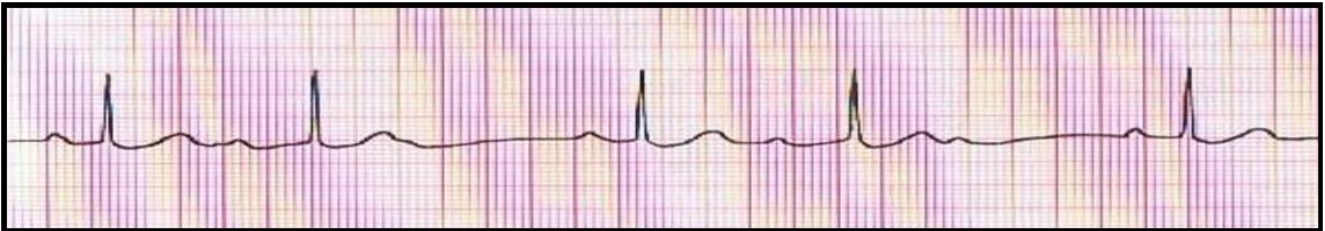
PEDS= 0.02 mg IV/IO every 3-5 min., MAX 1mg (only for vagal response)

Organophosphate Poisoning

ADULTS= 2-4 mg IV/IO every 5 min. until symptoms resolve, no MAX.

PEDS= 0.05 mg IV/IO initially, then repeat every 20 minutes until symptoms resolve.

Scenario: 65 y/o Male c/o lightheadedness, weakness and nausea/vomiting. Pt denies chest pain and dyspnea. RR 20, HR 38, SpO2 90% (RA), BP 86/40, BG 110 mg/dl.



Plan of care: 12-Lead ECG-Confirm Wenckebach/2nd Degree Type I rhythm
Frequent Vital Signs

Oxygen therapy to maintain SpO2 greater than 92%

Obtain SAMPLE history to rule out contraindications

IV access

Atropine IVP 0.5 mg, repeat as needed

Zofran IVP 4 mg

*If patient condition deteriorates, initiate Transcutaneous Pacing OR Dopamine infusion (2-10mcg/kg/min) OR Epinephrine infusion (2-10mcg/min).