



## **GENERIC NAME: IPRATROPIUM BROMIDE**

**BRAND NAME: Atrovent**

**CLASS: anticholinergic, bronchodilator**

### **Mechanism of Action:**

Anticholinergic (parasympatholytic) agent appears to inhibit vagally-mediated reflexes by antagonizing the action of acetylcholine, the transmitter released from the vagal nerve. (SEE: Notes)

### **Indications and Field use:**

Treatment of bronchospasm associated with chronic obstructive pulmonary disease (emphysema and chronic bronchitis). To be used either alone or in combination with other bronchodilators especially beta adrenergics (i.e., albuterol).

### **Contraindications:**

Ipratropium bromide is contraindicated in known or suspected cases of hypersensitivity to ipratropium bromide

or to atropine and its derivatives. Precaution: should be used with caution in patients with narrow angle glaucoma.

## **Adverse Reactions:**

Resp: Coughing. Sputum increased CNS: Dizziness.  
Insomnia. Tremor. Nervousness

GI: Nausea

## **NOTES ON ADMINISTRATION**

### **Incompatibilities/Drug Interactions:**

None. Ipratropium bromide has been shown to be safe and effective bronchodilator when used in conjunction with beta adrenergic bronchodilators (albuterol).

### **Adult Dosage:**

Give 500 mcg in 2.5 ml normal saline (1 unit dose vial) via SVN with a mouth piece or in-line with a ventilatory device. Repeat according to medical control preference. May mix one unit dose vial of ipratropium with one unit dose vial of albuterol.

### **Routes of Administration:**

Nebulized, mouth piece or in-line Inhaler (patient's own)

### **Onset of Action:**

5-15 minutes

### **Peak Effects:**

60-120 minutes

## **Duration of Action:**

240-480 minutes

## **Dosage Forms/Packaging:**

Inhalation Solution Unit Dose Vial is supplied as a 0.02% clear, colorless solution containing 2.5 ml with 25 vials per foil pouch

## **Arizona Drug Box Supply Range:**

**Paramedics:** 2 - 4 unit doses

**Intermediates:** 2 - 4 unit doses Special Notes:

- > Anticholinergics produce preferential dilatation of the larger central airways, in contrast to beta agonists, which affect the peripheral airways. May be more effective used in combination with beta agonists.
- > Should be kept out of light in foil pouch and avoid excessive humidity.