

DRUG CARDS | DAILY



@drugcardsdaily

GENERIC atropine (AT roe peen)	BRAND AtroPen, Isopto	CLASSIFICATION Antimuscarinic Antispasmodic
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FORM & STRENGTH
INJ (VIAL): 0.25 mg/0.3 mL, 0.5 mg/0.7 mL, 1 mg/0.7 mL, 2 mg/0.7 mL | INJ (SYR): 0.05 mg/1 mL

INDICATIONS & DOSING | ADULTS

1). ACLS, BRADYCARDIA

- Tx range 0.5-1 mg IV q3-5 min prn
- Max 3 mg/total dose

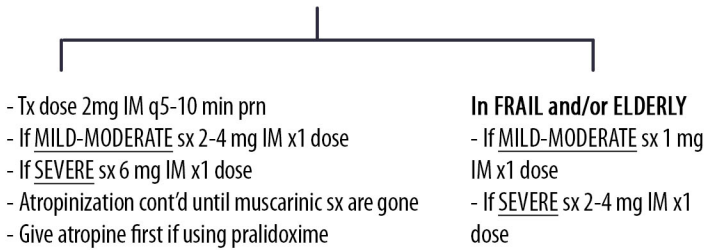
2). ANESTHESIA ADJUNCT

- Tx range 0.5-1 mg SC/IM/IV q4-6h
- 1st dose 30-60 min pre-op
- 0.03-0.04 mg/kg/max total dose for pts w/ CAD

3). NEUROMUSCULAR BLOCKADE REVERSAL ADJUNCT

- Tx range 0.6-1.2 mg IV for every 0.5-2.5 mg neostigmine or 10-20 mg pyridostigmine dose
- Administration prior to cholinesterase inhibitor if bradycardia
- 0.03-0.04 mg/kg/max total dose for pts w/ CAD

4). ORGANOPHOSPHATE NERVE AGENT POISONING



5). ORGANOPHOSPHATE OR CARBAMATE INSECTICIDE POISONING

- Tx dose is individualized IV q3-5 min prn
- If MILD-MODERATE sx 1-3 mg IM x1 dose
- May dbl dose q3-5 min prn
- May give 10-20% as a loading dose over 1 hour IV infusion once pt is stable
- Atropinization until muscarinic sx are gone
- Give atropine first if using pralidoxime

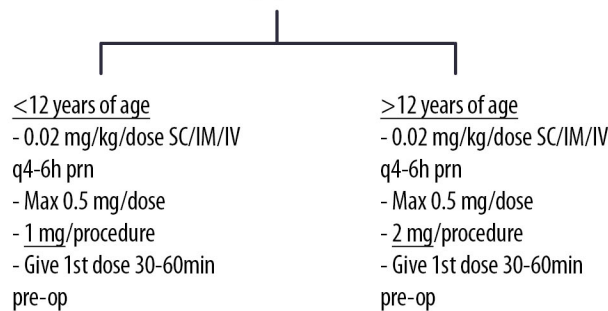
INDICATIONS & DOSING | PEDIATRICS

1). PALS, BRADYCARDIA

- Tx range 0.02 mg/kg/dose IV/IO x1 dose
- Max 0.5 mg/dose and max 1 mg/total dose
- Alt dosing 0.04-0.06 mg/kg/dose ETT x1 dose
- Pts w/ inc vagal tone or primary AV block may repeat dose x1 time
- IV/IO preferred to ET route

2). ANESTHESIA ADJUNCT

- antiallogogue



3). NEUROMUSCULAR BLOCKADE REVERSAL ADJUNCT

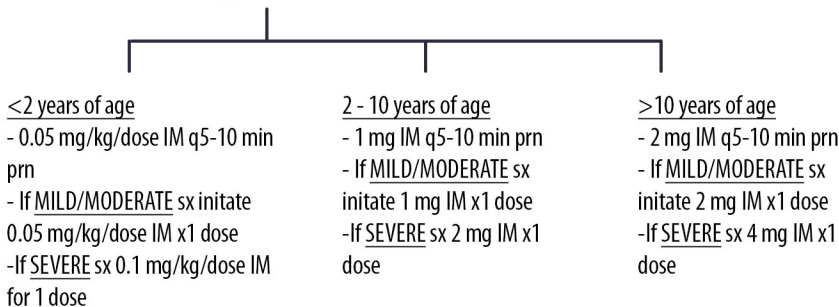
- Tx range 0.02 mg/kg/dose IV for each 0.04 mg/kg neostigmine dose
- If bradycardia admin w/ or prior to cholinesterase inhibitor.

5). ORGANOPHOSPHATE OR CARBAMATE INSECTICIDE POISONING

- Initiate at 0.02 mg/kg/dose IV x1 dose
- May double dose q3- min prn
- May give 10-20% loading dose/hour IV infusion once pt is stable
- Atropinization cont'd until muscarinic sx gone
- Give atropine first if using pralidoxime

4). ORGANOPHOSPHATE NERVE AGENT POISONING

- Tx range 0.02 mg/kg/dose IV/IO x1 dose
- Atropinization cont'd until muscarinic sx gone
- Give atropine first if using pralidoxime



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MOA & PHARMACOKINETICS

MECHANISM OF ACTION:

Acetylcholine receptor antagonist. Competitive inhibition at autonomic effectors mainly at muscarinic receptors. Positive chronotropic effect. Anticholinergic effects.

ABSORPTION:

Good bioavailability. 90% absorbed from GI tract. Rapid absorption after IM injection. Salivation inhibition w/in 30min w/ peak @ 1-1/6 hours after IM admin. Inc HR w/in 2-4 min after IV. Inc HR w/in 5-40 min w/ peak @ 20-60 min after IM. Inhibition of salivation up to 4 hours. Peak conc w/in 30 min.

DISTRIBUTION:

Rapid distribution throughout the body including CNS. Trace amts in breast milk. Crosses placental barrier. Low protein binding @ ~18%.

METABOLISM:

Hepatic via CYP enzymes.

ELIMINATION:

~30-50% excreted in the urine as the unchanged drug. T1/2 b/t 2-3 hours. Biphasic if IM b/t 2-3 hours initial and terminal of 12.5 hours or longer.

SPECIAL POPULATIONS & CONSIDERATIONS

Nothing defined in pts w/ hepatic or renal impairment. T1/2 doubled in children <2 years of age and in elderly >65 years of age. Caution if CAD, arrhythmias, recent MI, acute angle-closure glaucoma, pyloric stenosis, obstructive uropathy, prostatic hypertrophy, lung dz, and if high environmental temperature. Caution in pregnancy and lactation.

SIDE EFFECTS | COMMON

Xerostomia, blurred vision, photophobia, tachycardia, constipation, mydriasis, confusion, HA, dizziness, flushing, urinary hesitancy/retention, n/v, heat intolerance, rash, delirium, impotence, tremor, fatigue, and a decrease in libido.

SIDE EFFECTS | SERIOUS

respiratory failure, pulmonary edema, psychosis, hallucinations, seizures, heat stroke, urinary retention, severe bradycardia, tachycardia, acute angle-closure glaucoma, and anaphylaxis and hypersensitivity rxns.

DRUG INTERACTIONS | CONSIDERATIONS

affects growth hormone diagnostic test results

other drugs w/ anticholinergic effects

DRUG INTERACTIONS | DRUGS OF NOTE

CONTRAINDICATED:

potassium acid phosphate
potassium chloride
potassium citrate
potassium phosphate

AVOID:

clozapine
glucagon
potassium iodide
pramlintide

MONITOR:

digoxin
hyoscyamine
ephedrine
clomipramine

CAUTION:

amantadine
benztropine
glycopyrrolate
trospium

MONITORING PARAMETERS

Vital signs. ECG if IV administration. Severity of anticholinergic effects if taken w/ other anticholinergics. Intraocular pressure if taken w/ corticosteroids.

PATIENT COUNSELING

Used to reduce saliva, mucus, and other secretions in airways during surgery. Used as antidote when treating certain types of poisoning.

Risk of hyperthermia and heat prostration. Avoid being exposed to high environmental temperatures or if febrile.

Can impair mental alertness or physical coordination so exercise caution when driving or operating machinery.

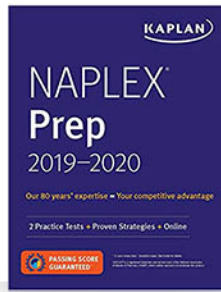
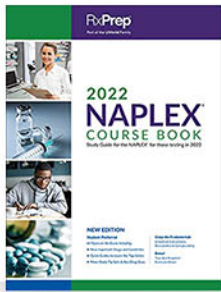
If a dose is missed it should be taken as soon as remembered but skip the dose if it is near the time you normally take your next dose. Do not double up doses.

REFERENCES

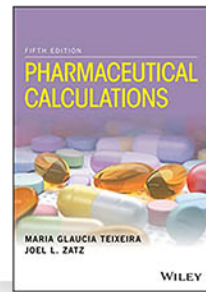
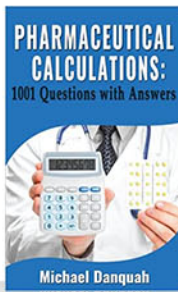
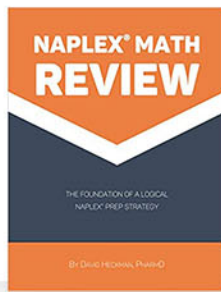
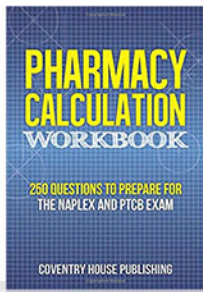
- 1). <https://online.epocrates.com/drugs/30710/atropine/Monograph>
- 2). <https://www.drugs.com/monograph/atropine.html#preparations>

PREPARE FOR SUCCESS!

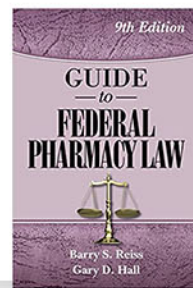
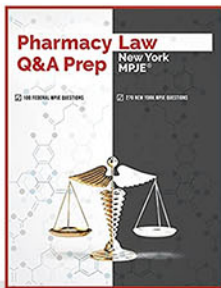
Comprehensive (NAPLEX)



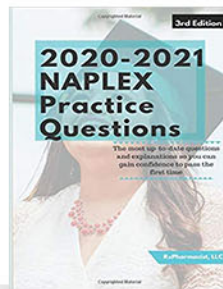
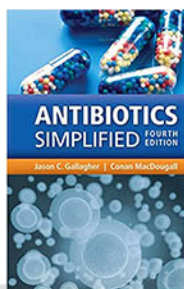
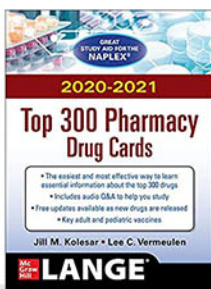
Calculations (NAPLEX)



Pharmacy Law (MPJE)



Supplemental



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DRUG CARDS DAILY

Monday at 7 am EST
(6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the **ONLY** thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX



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