



Jackson Hole Fire/EMS Operations Manual

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Title: **Medication Protocol:
Atropine**

Division: 17
Article: 1.6
Revised: October 2011
Pages: 2

Atropine (Medication Protocol)

EMT-INTERMEDIATE PROVIDERS

IT IS UNDERSTOOD THAT THIS MEDICATION MAY BE ADMINISTERED ONLY AFTER VOICE AUTHORIZATION HAS BEEN GRANTED EITHER BY A WYOMING LICENSED PHYSICIAN OR A PHYSICIAN SUPPORT PERSON (PA) ACTING AS THE AGENT OF A WYOMING LICENSED PHYSICIAN, OR BY A WYOMING LICENSED REGISTERED NURSE; RELAYING THE AUTHORIZATION FROM A WYOMING LICENSED PHYSICIAN WITH WHOM THE NURSE HAS DIRECT COMMUNICATIONS VIA RADIO OR TELEPHONE.

PARAMEDIC PROVIDERS

STANDING ORDER

CLASS: Anticholinergic (parasympatholytic)

**PHARMACOLOGY/
ACTIONS:** Atropine acts by blocking acetylcholine receptors, thus inhibiting parasympathetic stimulation. Antagonizes excess muscarinic receptor stimulation caused by organophosphate insecticides or chemical nerve agents (e.g., sarin).

ONSET/DURATION: Onset: immediate Duration: 2 - 6 hours

**USE IN FIELD/
INDICATIONS:** Hemodynamically significant bradycardia,
Organophosphate or nerve gas poisoning

CONTRAINDICATIONS: Tachycardia, hypersensitivity

SIDE EFFECTS: Blurred vision, dilated pupils, dry mouth, tachycardia, drowsiness, and confusion

DRUG INTERACTIONS: There are few interactions in the prehospital setting

ROUTE: IV, IO

DOSAGE:**ADULT****PEDIATRIC (<45 kg)****SYSTEMATIC BRADYCARDIA**

0.5 mg IV/IO. Repeat every 3–5 min for a maximum dose of 0.04 mg/kg.

0.02 mg/kg IV/IO
(0.1 mg min / 1.0 mg max) Repeat in 5 min to a max dose of 0.04 mg/kg.

Anti-cholinesterase Poisoning

1–2 mg IV/IO push every 5–15 min until atropine effects are observed.

0.02 mg/kg IV/IO
(0.1 mg min / 1.0 max) Repeat in 5-15 min until atropine effects are observed.

PREGNANCY SAFETY: Category C – give only if potential benefits justifies risk to fetus

COMMENTS: May worsen bradycardia associated with second-degree Mobitz II and third-degree AV blocks.
A maximum dose of 0.04 mg/kg should not be exceeded except in the case of organophosphate poisoning.