



Medication: Ipratropium Bromide	PDN: 6945.04	Last Updated:	PMD:	PDC:	Page 1 of 2
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IPRATROPIUM BROMIDE (Atrovent)

1.0 Classification

- Anticholinergic
- Parasympatholytic

2.0 Mechanism of Action

• Causes bronchodilation and dries respiratory tract secretions by blocking acetylcholine receptors.

3.0 Indications

 Shortness of breath with signs of bronchospasm (e.g., wheezes, EtCO₂ changes indicative of bronchospasm, etc.)

4.0 Contraindications

- Known hypersensitivity
- Bladder neck obstruction
- Acute narrow (closed) angle glaucoma

5.0 Precautions

• Make every effort to avoid getting the spray or mist into the patient's eyes.

6.0 Routes

- May be given by metered dose inhaler (MDI)
- MDI can be administered via CPAP or BVM utilizing either a built in MDI port or an MDI adapter.

7.0 Dosage

- Adult
- MDI: 4 puffs with MDI q 20 minutes, up to 3 doses.
 - Each dose should be approximately 30 seconds apart to allow canister to recharge.

Pediatric

 Not routinely administered to pediatric patients (under 16 years of age) in the out of hospital environment.

8.0 Supplied

- Metered dose inhaler (canister with plastic inhaler device)
 - 20 mcg per metered dose (puff)

9.0 May Be Given By

• PCP/ICP/ACP/CCP

10.0 Adverse Effects

- Tachycardia, palpitations
- Headache
- Dizziness
- Anxiety
- Nausea/vomiting
- Blurred vision

11.0 Special Notes

- A spacer (holding chamber) should be used when administering by MDI directly to the patient (i.e., when not administered through the MDI adapter or port).
- 2 puffs are equivalent to approximately a 250 mcg nebule.
- Atrovent is most commonly given in conjunction with a beta-agonist.
- If a patient has access to an MDI in the home, use the patient's own supply.
- Pregnancy category B [if there is a clinical need for it, Category B drugs are considered safe to use]

12.0 References

- Adult Respiratory Distress Clinical Practice Guideline
- Compendium of Pharmaceuticals and Specialties (CPS)
- Atrovent HFA drug monograph

*Electronically Signed

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