Atropine for neonates

BRIEF ADMINISTRATION GUIDE

For detailed information refer to The Australasian Neonatal Medicines Formulary **atropine** guideline

⚠ Note: Shaded text indicates where Te Whatu Ora Waikato practice differs from ANMF

1. Medicine

1.1. Indications

- Prevention of reflex bradycardia during elective endotracheal intubation
- Premedication to prevent perioperative adverse events

1.2. Route and Presentation

Intravenous (preferred) or intramuscular (if IV not available)
Note: Absorption and time to peak heart rate effect is slower compared to IV when atropine is given IM therefore not the preferred route in an emergency

- Supplied as atropine sulphate 600 microgram per 1 mL ampoule
  - pH 2.8 – 4.5

1.3. Dose

20 microgram/kg (range 10-20 microgram/kg)

Dose may be repeated every 10-15 minutes to achieve desired effect, with a maximum total dose of 40 microgram/kg

2. Preparation and Administration

2.1. Compatible fluids

Sodium chloride 0.9%

2.2. Administration Method

Intravenous

- Dilute 1mL ampoule with 5mL of sodium chloride 0.9% to produce a 100 microgram/mL solution (600 microgram / 6 mL)

Note: can be administered undiluted (if accurate dose measurement possible)

- Draw up prescribed dose and administer as a slow push

Intramuscular

<3kg: dilute as above (final concentration 100 microgram/mL)

>3kg: consider undiluted administration (600 microgram/mL)

- Draw up prescribed dose of atropine and give intramuscularly

2.3. Monitoring

Monitor heart rate continuously

2.4. Storage and Stability

Discard any unused contents of the ampoule remaining

2.5. Competency for Administration

This procedure is carried out by, or under, the direct supervision of a registered nurse/registered midwife who holds current Te Whatu Ora Waikato Generic Medicine Management and IV certification. For CVAD administration Neonatal specific competency NCV/NAC is also required.

2.6. Guardrails

N/a

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3. References

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