	M39 - ATROPINE
	MEDICATION STANDING ORDER
Version date: 2024-05-07	Effective date: 2024-05-15 (0700)

INDICATIONS

- A palpable pulse with a sustained heart rate (HR) less than the age-appropriate physiological minimum, causing any of the following symptoms / signs of cardiopulmonary compromise:
 - acutely altered level of consciousness
 - hypotension / perfusion
 - ischemic chest pain, or
 - acute heart failure / pulmonary edema

CONTRAINDICATIONS

- True hypersensitivity to atropine



DOSING

INTRAVENOUS / INTRAOSSEOUS (ICP & ABOVE):

- 10 years & older:
 - 1 mg
 - Administer by rapid push & flush
 - Repeat every 3 to 5 minutes as required
 - Total maximum dose = 3 mg
- Up to 10 years:
 - 0.02 mg/kg (single dose maximum = 0.5 mg)
 - Administer by rapid push & flush
 - Repeat every 3 to 5 minutes as required
 - Total maximum dose = 1 mg

NOTES

1. Atropine may not be effective in type II second-degree or third-degree AV blocks, but can be safely trialed. Be prepared to proceed to transcutaneous pacing (TCP).
2. Atropine is usually ineffective in heart transplant patients due to lack of cholinergic innervation, although reinnervation may occur over years. If required, atropine may be used cautiously but observe for paradoxical slowing of the heart rate and high-degree AV block.

APPROVED BY	
	
Medical Director - Provincial EMS/PT	Associate Medical Director - Provincial EMS/PT

VERSION CHANGES (refer to X08 for change tracking)
<ul style="list-style-type: none">• Language in indications section revised to align with care map C05• Repeat dosing change (every 3 - 5 minutes)• Dosing table format simplified