

Atropine

600 microgram/mL injection

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Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

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Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate, and which enables respectful confidential discussion. This includes:

- The use of interpreter services where necessary,
- Advising consumers of their choice and ensuring informed consent is obtained,
- Providing care within scope of practice, meeting all legislative requirements, and maintaining standards of professional conduct, and
- Documenting all care in accordance with mandatory and local requirements

This is a High-Risk Medication

An overdose will cause respiratory depression, convulsions and coma

Synonyms

Hyoscyamine, atropine sulfate monohydrate

Dose and Indication

Pre-Medication For Intubation

> **Intravenous:**

- 10 microgram/kg/dose immediately prior to the administration of suxamethonium
- Doses of up to 20 microgram/kg may be used at clinician discretion

Prevention Of Muscarinic Effects Of Neostigmine (e.g. Reversing Neuromuscular Blockade, Myasthenia Gravis Test)

> **Intravenous:**

- 20 microgram/kg/dose
- For myasthenia gravis test, give atropine immediately prior to neostigmine (refer to Neostigmine SA Neonatal Medication Guideline)



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Preparation and Administration

Intravenous

- > Dilute 1 mL of the 600 microgram/mL atropine injection with 5 mL sodium chloride 0.9% (to a total volume of 6 mL). The resulting solution contains 100 microgram/mL atropine.

Atropine 100 microgram/mL (IV):

Dose	10 microgram	20 microgram	40 microgram	60 microgram	80 microgram
Volume	0.1 mL	0.2 mL	0.4 mL	0.6 mL	0.8 mL

- > Administer intravenously (IV) over at least 1 minute. Small volumes can be further diluted for ease of administration.
- > Discard any remaining solution.

Compatible Fluids

Sodium chloride 0.9%

Adverse Effects

- > Tachycardia, constipation, abdominal distention, urinary retention, flushing, fever, arrhythmias (especially in first 2 minutes following IV administration), oesophageal reflux, vomiting, paralytic ileus, rash, closed angle glaucoma, seizures

Monitoring

- > Cardiorespiratory monitoring is mandatory for systemic use
- > Temperature
- > Monitor for signs of abdominal distention

Practice Points

- > Routine use as a pre-medication for intubation is not necessarily required and is at the clinician's discretion
- > Contraindicated in urinary tract obstruction, thyrotoxicosis, fever, ileus, pyloric stenosis, arrhythmia, tachycardia, and closed angle glaucoma.
- > Atropine and suxamethonium or neostigmine must be given in separate syringes if administered at the same time
- > Neonates are especially susceptible to the toxic effects of atropine



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Document Ownership & History

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Approval Date	Version	Who approved New/Revised Version	Reason for Change
16/12/2025	V3.0	Clinical Guideline Domain Custodian	Formal review
08/2017	V2.0	SA Safety and Quality Strategic Governance Committee	Complete review
11/2012	V1.0	SA Safety and Quality Strategic Governance Committee	Original version

