

Subject: Scope of Practice/Procedure – ALS  
Ipratropium Bromide - Atrovent

Associated Policies:

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I. Class

- A. Parasympathetic blocker

II. Indications:

Indicated as an adjunct bronchodilator for asthma, COPD, allergic reaction, or bronchospasm which are not being adequately controlled by beta adrenergic agents such as albuterol or levalbuterol alone.

III. Therapeutic Effect

Inhibits parasympathetic stimulation by blocking acetylcholine receptors.  
Dilates bronchioles and decreases respiratory tract secretions.

IV. Contraindications

A. Absolute:

1. Patients with a history of hypersensitivity to atropine.

B. Relative

1. Use caution in glaucoma patients.
2. Pediatrics less than 12 years of age.

V. Adverse Effects:

- A. Tachycardia
- B. Blurred vision
- C. Headache
- D. Dizziness
- E. Nausea / vomiting

IV. Administration and Dosage - Not to be used as primary therapy for bronchospasm. Must be used with Albuterol or Levalbuterol in a nebulizer.

A. Adult:

1. Administer by nebulizer - 0.5mg with 1-unit dose 2.5mg\* of Albuterol or levalbuterol – 1.25mg (1 unit dose). May be repeat once for longer transport times. Do not repeat if significant tachycardia or chest pain.

B. Pediatric:

1. Administer by nebulizer - 0.5mg with 1 unit dose 2.5mg\* of Albuterol or levalbuterol 0.63mg (or half of 1.25mg unit dose\*\*).

**Single dose only.**

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IIIV. Special Information

- A. \*3 mg Albuterol Sulfate is equivalent to 2.5mg albuterol base.
- B. \*\*It is appropriate to use half of a unit dose of levalbuterol (1.25mg/3ml) for pediatric administration.

Approved By EMS Director	<b>Larry Karsteadt</b> (Signature on File at EMS Agency)	Revision
EMS Medical Director	<b>Matthew Karp, MD</b> (Signature on File at EMS Agency)	<b>06/06/2023</b>