IPRATROPIUM

Indication		Bronchospasm in infants with chronic lung disease ^{1,2}			
Z	Presentation	Nebule solution 250 microgram in 1 mL			
INHALATIO	Dosage	• 62.5–250 microgram (0.25 mL-1 mL) every 4 to 8 hours ³			
	Preparation	Make up to 2 mL total volume with 0.9% sodium chloride ¹			
Z	Administration	Via nebulising device ^{1,2}			

Special considerations	 Cover eyes when administering via mask and nebuliser Dosage is dependent on the nebuliser used and should be adjusted to suit individual patient requirements¹ Rate of flow: sufficient to initiate misting of mask Bronchodilation occurs 3–5 minutes after administration¹ 			
Monitoring	Assess degree of bronchospasm ²			
Compatibility	0.9% sodium chloride ⁴			
Incompatibility	Nil known			
Interactions	Nil significant			
Stability	 Undiluted nebulised solution Store at 25° C. Protect from light¹ Diluted solutions Prepare immediately before administration and discard remaining solution¹ 			
Side effects	 Local reactions (e.g. dryness of the mucous membranes, constipation) Eye irritation if contact with eyes¹ 			
Actions	Anticholinergic bronchodilator			
Abbreviations	Nil			
Keywords	Ipratropium, atrovent, chronic lung disease, bronchospasm			

The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.



References

- 1. MIMS Online. Ipratropium. [Internet]: MIMS Australia; November 2018 [cited 2019 February 26]. Available from: https://www.mimsonline.com.au.
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- 4. British National Formulary for Children (BNFC) online. Ipratropium [Internet]: Royal Pharmaceutical Society; July 2017 [cited 2019 May 01]. Available from: https://www.medicinescomplete.com.

Document history

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