



Drug Therapy Protocols: Ipratropium bromide

Policy code	DTP_IPB_0722
Date	July, 2022
Purpose	To ensure a consistent procedural approach to ipratropium bromide administration.
Scope	Applies to all Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless specifically mentioned.
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Ipratropium bromide

July, 2022

Drug class

Anticholinergic agent^[1]

Pharmacology

Ipratropium bromide is an antimuscarinic agent which promotes bronchodilation by inhibiting cholinergic bronchomotor tone.^[1]

Metabolism

Hepatic with excretion by the kidneys.^[1]

Indications ⁽¹⁻³⁾

- **Moderate bronchospasm** (unresponsive to initial QAS salbutamol NEB)
- **Severe bronchospasm**

Contraindications

- Allergy AND/OR Adverse Drug Reaction
- Patients less than 1 year of age

Precautions

- Glaucoma

Side effects^[1]

- Dilated pupils
- Dry mouth
- Palpitations

Presentation

- Nebule, 250 microg/1 mL *ipratropium bromide monohydrate*

Onset

1.5–3 minutes
(peak 1.5–2 hours)

Duration

4–6 hours

Half-life

3 hours

Schedule

- S₄ (Restricted drugs).

Routes of administration

Nebuliser (NEB)



Special notes

- Ambulance officers must only administer medications for the listed indications and dosing range. Any consideration for treatment outside the listed scope of practice requires mandatory approval via the *QAS Clinical Consultation and Advice Line*.
- Nebulised ipratropium bromide must not be administered in isolation. It must be administered in conjunction with nebulised salbutamol – solutions may be mixed and administered via the same nebuliser mask.

Paediatric dosages^[1-3]

- **Moderate bronchospasm**
(unresponsive to initial QAS salbutamol NEB)
- **Severe bronchospasm**

ACP1
ACP2
CCP

NEB

≥ 6 years – **500 microg**
Repeated at **20 minute** intervals.
Total maximum dose – 1.5 mg.

1–5 years – **250 microg**
Repeated at **20 minute** intervals.
Total maximum dose – 750 microg.

Adult dosages^[1-3]

- **Moderate bronchospasm**
(unresponsive to initial QAS salbutamol NEB)
- **Severe bronchospasm**

ACP1
ACP2
CCP

NEB

500 microg
Repeated at **20 minute** intervals.
Total maximum dose – 1.5 mg.