

Ipratropium

Classification

Anticholinergic bronchodilator

Indications

- ACP: Severe bronchospasm in asthma and chronic obstructive pulmonary disease

Contraindications

Known hypersensitivity to ipratropium or any formulation components

Adult dosages

- ACP: Severe bronchospasm in asthma or chronic obstructive pulmonary disease
 - 160 mcg via metered-dose inhaler (8 x 20 mcg sprays)
 - Spacer use recommended, but not required
 - **PREVIOUS DOSING STRATEGY USING NEBULIZERS NOT AUTHORIZED DURING COVID**

Pediatric Considerations And Dosing

- ACP: Severe bronchospasm in asthma or chronic obstructive pulmonary disease
 - Consultation with CliniCall recommended to confirm dosing strategy

Mechanism Of Action

Ipratropium antagonizes the activity of acetylcholine in bronchial smooth muscle, producing bronchodilation and muscle relaxation.

Pharmacokinetics

Inhaled:

- Onset: 1-3 minutes
- Peak: 1.5-2 hours
- Duration: 4-6 hours

Adverse Effects

Adverse effects are similar to other anticholinergics and can include atrial arrhythmias, blurred vision. Coughing is common. Paradoxical bronchospasm can occur during the use of inhaled bronchodilators; this is not the same thing as an inadequate response to treatment.

Overdose

Very high doses of ipratropium (up to 1.2 mg) have been given to volunteers without the development of serious systemic side effects.

Warning And Precautions

- Ipratropium is intended to act synergistically with salbutamol as part of a management plan for bronchospasm. It is not indicated for episodes of acute bronchospasm as monotherapy.
- Avoid spraying ipratropium into the eyes of patients with narrow-angle glaucoma.

