

HEALTHEAST MEDICAL TRANSPORTATION
MEDICAL OPERATIONS MANUAL

IPRATROPIUM BROMIDE/ALBUTEROL SULFATE PREMIX (DUONEB)

Drug Classification: Adrenergic bronchodilator, beta agonist, anticholinergic bronchodilator

BACKGROUND

Pharmacodynamics

Ipratropium Bromide inhibits vagal mediated reflexes by antagonizing acetylcholine at muscarinic receptors on bronchial smooth muscle.

Albuterol sulfate binds to and stimulates beta₂ receptors, resulting in relaxation of bronchial smooth muscle. The action of this medication may last 6 hours or more.

Indications

- Relief of acute bronchospasm.

Contraindications

- Allergy or known hypersensitivity to albuterol or atropine.

Cautions

- Albuterol sulfate can produce clinically significant cardiovascular effects in some patients. Use with caution in patients with heart disease, hypertension, diabetes, the elderly and those taking tricyclic antidepressants.
- Ipratropium bromide may worsen the condition of glaucoma if it gets into the eyes.

DOSAGE and ADMINISTRATION

ADULT	PEDIATRICS (Over 60 kg)
<ol style="list-style-type: none">1. Pour contents of one unit dose bottle (2.5 mg albuterol sulfate and 0.5 mg ipratropium bromide) into nebulizer reservoir.2. Connect nebulizer to oxygen source at 6-8 liters per minute.3. This medication may be administered once only.	<ol style="list-style-type: none">1. Pour contents of one unit dose bottle (2.5 mg albuterol sulfate and 0.5 mg ipratropium bromide) into nebulizer reservoir.2. Connect nebulizer to oxygen source at 6-8 liters per minute.3. This medication may be administered once only.

ADVERSE REACTIONS/SIDE EFFECTS

- The most common side effects include: cough, dry mouth and unpleasant taste
- The following adverse reactions may present in certain situations: vision changes, eye burning or pain, dizziness, headache, nausea, nervousness, palpitations, sweating, trembling, increased wheezing or dyspnea, chest tightness, rash, hives or facial swelling.

NOTES

REFERENCE GUIDELINE:

3B Asthma, COPD, and Bronchospasm 5A Allergic Reaction/Anaphylaxis