

The management of ipratropium during an asthma attack

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The Management of Ipratropium during an Asthma Attack Asthma being a common disorder requires active treatment in cases where pulmonary function declines beyond critical levels. One of the important drugs that are in use to initiate and sustain bronchodilation in asthmatics is Ipratropium. Clinical outcomes of asthma are improved if Ipratropium is used along with salbutamol during the early phase of acute asthma.

Ipratropium functions as an anticholinergic bronchodilator thereby blocking the action of acetylcholine which is related to the bronchoconstriction witnessed during asthmatic attacks. Various studies have concluded that a 0.5mg dose of nebulized ipratropium is equally effective as higher doses of the drug (Whyte et al, 1991). It is however important to realize that the administration of Ipratropium should be managed in a way that makes its use safe for the patient.

The delivery of Ipratropium is carried out in the form of aerosolized solution through the use of a metered dose inhaler. The recommended dosage of Ipratropium in inhaled solutions is 500 mcg given 6 or 8 hourly. Therapeutic benefit starts within 30 seconds and reach its 50% level by the end of 3 minutes; this effect persists for about 6 hours. Being a quaternary ammonium compound, ipratropium carries a positive charge and is therefore not easily absorbed from lungs; hence systemic absorption is minimal which makes it a safe compound. Significant improvement in pulmonary function becomes apparent within a time span of 15 to 30 minutes. Combinations of ipratropium and albuterol are also marketed, the use of which should be avoided in patients who have a known allergy to Peanuts, since soya lecithin is used as a carrier in such combinations (Lehne, 2013).

References

Lehne, R. A. (2013). *Pharmacology for nursing care*. St. Louis, Mo, Elsevier/Saunders.

Whyte KF, Gould GA, Jeffrey AA, Airlie MA, Flenley DC, Douglas NJ. (1991). Dose of nebulized ipratropium bromide in acute severe asthma. *Respir Med*. 85(6): 517-20.