Glycopyrrolate is a quaternary ammonium with a molecular formula 10 P= -1.52) at ambient room

The patient also should be cautioned about the use of this drug during exercise or hot weather since overheating may result in heat stroke.

Glycopyrrolate Injection is not recommended for the treatment of peptic ulcer in pediatric patients (see ADVERSE REACTIONS).

Because of the long duration of action of Glycopyrrolate Injection if used as preanesthetic medication, additional Glycopyrrolate Injection should be made to determine the etiology of the arrhythmia, and the surgical or anesthetic manipulations necessary to correct parasympathetic imbalance should be performed.

The usual recommended dose of Glycopyrrolate Injection is 0.2 mg in adults. Proportionately smaller doses should be used in pediatric patients.

Intraoperative Medication.

The recommended dose of Glycopyrrolate Injection in pediatric patients is 0.004 mg/kg intramuscularly, given 30 to 60 minutes prior to the anticipated end of the surgical procedure.

Barbiturate-induced hypotension: Barbiturate-induced hypotension should be treated with vasoconstrictors and glycopyrrolate. An initial dose of glycopyrrolate of 0.2 mg to 0.6 mg may be given. Further doses may be given at 2 minute intervals until the desired blood pressure is obtained. The usual dose is 0.6 mg to 1.8 mg.

Reversal of Neuromuscular Blockade.

The recommended dose of Glycopyrrolate Injection in pediatric patients is 0.2 mg for each 1 mg of neostigmine or 5 mg of pyridostigmine. In order to reverse residual effects of neuromuscular blockade, a single dose of 0.1 mg/kg should be administered intravenously to children and 0.05 mg/kg to adults.

In addition, the following adverse events have been reported from post-marketing experience with Glycopyrrolate: malignant hyperthermia, skeletal muscle spasms, dyskinesia, convulsions, and death. These events are thought to be due to the anticholinergic effect of Glycopyrrolate and have been reported with other anticholinergics.

Barbiturate-Induced Hypotension.

If CNS symptoms (e.g., excitement, restlessness, convulsions, psychotic behavior) occur, physostigmine (which does cross the blood–brain barrier) may be used. Physostigmine 0.5 to 2 mg should be slowly administered intravenously and repeated as necessary up to a total of 5 mg. If symptoms persist, barbiturate dose should be reduced or other anesthetic technique should be used.

Glycopyrrolate Injection should be used with caution in patients with a history of or who are at risk for cardiovascular disease, including those with a history of cardiac arrhythmias, since an increased risk of arrhythmias has been seen in these patients. In patients with uncontrolled underlying heart conditions, the recommended dose of Glycopyrrolate should not be exceeded and close monitoring of the patient is essential. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the therapeutic range and titrating upward until a satisfactory response is achieved. In patients with impaired renal function, the dose should be reduced to one third to one half of the standard dosage. In patients with hepatic insufficiency, the dose should be reduced to one third of the standard dosage.

Glycopyrrolate Injection is not recommended for the treatment of peptic ulcer in pediatric patients (see ADVERSE REACTIONS).

Due to the risk of anticholinergic toxicity, the duration of administration of Glycopyrrolate should be limited to 24 hours. Glycopyrrolate is not recommended for use in patients with a history of or who are at risk for cardiovascular disease, including those with a pre-existing heart condition, since an increased risk of arrhythmias has been seen in these patients. In patients with uncontrolled underlying heart conditions, the recommended dose of Glycopyrrolate should not be exceeded and close monitoring of the patient is essential. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the therapeutic range and titrating upward until a satisfactory response is achieved. In patients with impaired renal function, the dose should be reduced to one third to one half of the standard dosage. In patients with hepatic insufficiency, the dose should be reduced to one third of the standard dosage.

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