

RX

Drug Name: Amiodarone

Trade Name: Cordarone, Pacerone

REVISED: NOVEMBER 01, 2019

Class:

- Class III antidysrhythmic.

Mechanism of Action:

- Prolongs duration of the action potential.
- Prolongs effective refractory period.
- Non-competitively inhibits alpha & beta receptors and possesses vagolytic & calcium channel blocking properties.
- Negative dromotrope, chronotrope, & vasodilator.

Indications:

- Pulseless ventricular tachycardia (VT) and ventricular fibrillation (VF).
- Ventricular tachycardia (VT) with a pulse.

Contraindications:

- Pulmonary Congestion
- Cardiogenic Shock
- Amiodarone Sensitivity
- Bradycardia
- Procainamide use
- TCA Overdose

Precaution:

- Hypotension
- Heart failure
- Long QT syndrome

Dosage:

Adults:

Pulseless VT/VF:

- IV/IO : 300 mg IV/IO initial dose, consider repeat dose of 150 mg 3-5 minutes after initial dose.

Post ROSC: To be initiated if V-fib/V-Tach resolves after administration of Amiodarone

- **Loading dose:** A loading dose of 150 mg over 10 minutes may also be considered if max 300 mg bolus has not been administered.
- **Maintenance Infusion:** 1 mg/minute titrated for effect.

Wide Complex Tachycardia (with a pulse):

- **LOADING DOSE** - IV/IO:150 mg IV infusion over 10 minutes.
 - May repeat **once** as needed. (max dose loading dose of 300 mg).

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This document is for **reference only**. Please refer to SWO's for specific indications, dosages, and applications

AMIODARONE

- Convert to maintenance infusion once complete.
- **MAINTENANCE INFUSION:** IV/IO: 1 mg/min
 - **To Mix:** 450 mg/250 cc, infuse via infusion pump.

Pediatrics:

Pulseless VT/VF:

- 5 mg/kg IV/IO. May repeat doses up to 15 mg/kg (max dose of 300 mg).

Wide Complex Tachycardia (with a pulse):

- 5 mg/kg IV/IO over 30 min. May repeat dose up twice (up to 15 mg/kg)
- Max total loading dose of 300 mg.

Side Effects:

- Hypotension
- Headache
- Dizziness
- Bradycardia
- AV nodal conduction abnormalities
- QT prolongation
- Flushing
- Salivation

Interactions:

- Potentiates bradycardia and hypotension with calcium channel blockers and beta blockers.
- Increases risk of AV nodal blockade with calcium channel blockers.
- May increase anticoagulation effects of Warfarin.
- May increase serum levels of Phenyton, Procainamide, Quinidine, and Theophyllines.
- Should not be used with other medications which prolong the QT interval.
- Should not run through the same IV line in which Sodium Bicarb or Furosemide have been used.

Precautions:

- Rapid infusion may lead to hypotension.
- Terminal elimination is extremely long (half-life lasts up to 40 days).

PEARLS:

- Evidence for one particular antiarrhythmic over another is inconclusive.
- A maintenance infusion is not typically needed

REFERENCE ONLY