Patient addressograph   Allergy status:

CLINICAL GUIDELINES ID TAG	
Title:	AMIODARONE PROTOCOL
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Patient addressograph

Allergy status:

Amiodarone protocol

Indication:

Amiodarone hydrochloride is indicated for the treatment of serious cardiac arrhythmias:

- Atrial arrhythmias including atrial fibrillation or atrial flutter
- AV (atrioventricular) nodal arrhythmias and AV re-entrant tachycardia e.g. as a manifestation of Wolff-Parkinson-White syndrome
- Life-threatening ventricular arrhythmias including persistent or non-persistent ventricular tachycardia or episodes of ventricular fibrillation.

Method of administration:

- Preferably administer via a central line
- If central access is unavailable then consider risks / benefits of peripheral administration (via large peripheral vein). Monitor for signs of extravasation / thrombophlebitis
- Must be diluted in glucose 5% (do NOT dilute in sodium chloride).
- Initial bolus of Amiodarone 300mg in 100mls Glucose 5% over 1 hour.
- This is followed by continuous infusion of Amiodarone 900mg in 500mls Glucose 5% over 24 hours.
- If the arrhythmia remains uncontrolled the infusion may be repeated in doses up to 1200mg (approximately 15mg/kg bodyweight) over 24 hours and the rate then adjusted on the basis of clinical response.

Patient addressograph

Allergy status:

- Amiodarone is infusion line **COMPATIBLE** with dobutamine, dopamine, insulin, isoprenaline, metronidazole, norepinephrine (noradrenaline), and potassium chloride.

Monitoring:

- ECG, blood pressure and heart rate monitoring is required
- Monitor liver function tests for acute transaminitis during the first 24 hours

Conversion from IV to PO:

- The oral dose depends on the time period for which IV amiodarone was given. There is no precise protocol for switching from IV to oral treatment but the following method for calculating the oral dose required may be used. This is only a rough method of calculation, and clinicians should exercise their judgement in deciding on the most appropriate treatment for individual patients.

✓ Up to 1 day: Use 200mg TDS for 7 days, 200mg BD for 7 days then OD thereafter.
✓ 2 days to 6 days: 200mg BD for 7 days then OD thereafter.
✓ Over 6 days: 200mg OD

Side-effects:

- IV bolus: rapid administration may cause hypotension and circulatory collapse – patient should be closely monitored.
- Rapid administration of infusion may cause hypotension, anaphylactic shock, sweating, nausea and in patients with respiratory failure, bronchospasm and apnoea.
- Thrombophlebitis at the site of infusion.

Patient addressograph

Allergy status:

- Acute toxicity is unlikely: most adverse effects develop on long term therapy.

Flushing

- **IV injection:** Flush with 10mL of glucose 5%

Further information:

- The purpose of the protocol is to aid the prescribing and administration of IV (intravenous) amiodarone in an emergency care setting.
- These guidelines should only be used by staff that are competent in setting up the pump and can ensure that the total volume to be infused is programmed correctly.
- This guidance assumes that a risk assessment has been performed and the need for IV amiodarone has been identified.
- This guidance is for dose calculation and administration only. Further information may be obtained from the BNF (British National Formulary), Medusa Injectable Medicines Guide and the summaries of product characteristics (SPCs) and must be used in conjunction with these guidelines.

References:

- British National Formulary(BNF) https://bnf.nice.org.uk
- Medusa Injectable Medicines Guide
- Summary of Product Characteristics. Cordarone X Intravenous Infusion. Sanofi Aventis. Last updated on eMC: 31 May 2017. Accessed via www.medicines.org.uk

Patient addressograph
Allergy status:

Signed:

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