

WHEN IV AMIODARONE IS INDICATED IN ARRHYTHMIAS?



ANTI ARRHYTHMIC AGENT, CLASS III

- Inhibits adrenergic stimulation and affect Na^+ , K^+ , Ca^{2+} channels
- Prolongs the action potential and refractory period in myocardial tissue
- Thus, decrease AV conduction and sinus node function.

FURTHER DILUTION

Diluent: D5%

Continuous IV infusion

Concentration (1-6mg/ml)

Common dilution

Loading dose: 300mg in 250-500mL D5%

150MG 100ml D5%

Maintenance dose: 900mg in 500mL D5%

If fluid restriction

i) Peripheral: up to 2mg/mL

(min vol in Loading Dose: 100mL,

min vol in Maintenance Dose: 450mL)

ii) Central: up to 6mg/mL



A) ATRIAL ARRHYTHMIA/SUPRAVENTRICULAR ARRHYTHMIAS

- i) TO RESTORE AND MAINTAIN SINUS RHYTHM IN CRITICALLY ILL PATIENTS WITH HEMODYNAMICALLY UNSTABLE ATRIAL FIBRILLATION
- ii) TO CONTROL THE VENTRICULAR RESPONSE IN CRITICALLY ILL PATIENTS WITH ATRIAL FIBRILLATION AND RAPID VENTRICULAR RESPONSE
- iii) FOR PROPHYLAXIS AGAINST ATRIAL FIBRILLATION FOLLOWING CARDIAC SURGERY

Initially, 150mg IV over 10mins



Then, 1mg/min (360 mg) IV for 6 hours



Followed with 0.5mg/min (540 mg) IV for 18 hours or change to oral

Note: TO CONTROL THE VENTRICULAR RESPONSE IN CRITICALLY ILL PATIENTS WITH ATRIAL FIBRILLATION AND RAPID VENTRICULAR RESPONSE: The standard dose in all of these settings is 150 mg over 10 minutes with a maintenance dose of 0.5 to 1 mg/minute. Repeated 150 mg boluses can be given over 10 to 30 minutes. Hypotension is more likely at daily doses above 2000 mg. As a result, **no more than six to eight additional boluses may be possible in any 24-hour period.**

B) VENTRICULAR ARRHYTHMIA (VT)

Life threatening (<i>treatment and prophylaxis</i>)	Breakthrough VF or VT	VF or Pulseless VT
Stable VT		
<p>Initially, 150mg IV over 10mins</p> <p>↓</p> <p>Then, 1mg/min (360 mg) IV for 6hours</p> <p>↓</p> <p>Followed with 0.5mg/min (540 mg) for 18hours</p> <p>(total infusion duration: 24hrs or until complete transition to oral)</p> <p>-Maintenance: 0.5mg/min after the first 24hrs.</p> <p>-Maximum total daily dose: 2.2g/24hrs</p>	<p>Additional 150mg IV over 10mins</p>	<p>IV Push/Intraosseous (IO) Push: Initial 300mg</p> <p><i>If no conversion,</i></p> <p>Administer supplemental dose of 150mg.</p> <p><i>After conversion,</i></p> <p>Follow with 1mg/min IV for 6hours, then 0.5mg/min for 18hours.</p>



STORAGE & STABILITY

Diluted solution: Used Immediately

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References :

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2. Micomedex Helath Care Series 2018 (First Quarter)
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5. http://www.globalrph.com/amiodarone_dilution.htm
6. <https://www.uptodate.com/contents/clinical-uses-of-amiodarone>