

AMIODARONE

ACTION: Antiarrhythmic

- Antiarrhythmic that slows conduction and lengthens the cardiac action potential resulting in suppression of ventricular and supraventricular tachycardias.

INDICATIONS:

- Hemodynamically unstable ventricular tachycardia
- Ventricular fibrillation and ventricular tachycardia without a pulse

CONTRAINDICATIONS:

- Sinus node dysfunction or sinus bradycardia
- 2nd or 3rd degree block
- Known hypersensitivity from past exposure

POTENTIAL SIDE EFFECTS:

- May prolong QT interval
- May cause hypotension

ADULT DOSE/ROUTE:

- ⇒ **VF or pulseless VT:** 300 mg slow IVP or IO bolus. Repeat 150 mg slow IVP or IO bolus if rhythm persists.
- ⇒ **Stable / Unstable VT with pulse:** Inject 150 mg of Amiodarone into 100ml of D5W. Run with target goal of infusing 100 ml over 10 minutes.

PEDIATRIC DOSE/ROUTE:

- ⇒ **VF or pulseless VT only:** 5 mg/kg IVP or IO bolus. Maximum dose 300 mg.

NOTES:

- Flush tubing with NS between dosages.
- Signs of **Amiodarone** toxicity include hypotension, 3rd degree AV block and prolonged QT interval.
- Do not use **Amiodarone** in the presence of underlying atrial fibrillation, atrial flutter, bradycardia with ventricular escape beats, or other conduction defect (2nd or 3rd degree AV block).
- Do not administer if patient with pulse is hypotensive. Do synchronized cardioversion.
- Stop administration if patient becomes hypotensive during treatment.
- Do not administer with bicarbonate in the same IV line (will precipitate).
- When creating infusion, careful mixing is needed to avoid foaming of the medication.
- Reconstitute Amiodarone per manufacturer's directions.

*Effective: 11/01/17
Supersedes: 03/01/15*