AMIODARONE HYDROCHLORIDE (CORDARONE)

Escambia County, Florida - ALS/BLS Medical Protocol

ACTIONS

Amiodarone is an antiarrhythmic agent effective in the emergency treatment of ventricular dysrhythmias; (e.g., ventricular tachycardia and ventricular fibrillation). It has been shown to have a substantially improved rate of survival to hospital admission when compared with Lidocaine. Amiodarone is considered a class III antiarrhythmic, but has actions similar to class Ia, II, and IV antiarrhythmics. Amiodarone slows the heart rate and AV conduction, prolongs the refractory period, and slows intracardiac conduction.

INDICATIONS

Indicated for use in patients with life-threatening arrhythmias when administered with appropriate monitoring: VF/pulseless VT unresponsive to shock delivery, CPR, and a vasopressor. Recurrent, hemodynamically unstable VT.

CONTRAINDICATIONS

Contraindicated in patients with known hypersensitivity to Amiodarone, or in patients with cardiogenic shock, hypotension, marked sinus bradycardia, and second or third degree AV block.

PRECAUTIONS

Rapid infusion may lead to hypotension, as will multiple doses >2.2 g over 24 hours.

Do not administer with drugs that will prolong QT interval; (e.g., procainamide).

Do not administer with Lidocaine.

Do not administer with any other drugs as precipitate may occur. Do not premix as it will leech plasticizers from IV tubing.
Amiodarone inhibits atrioventricular conduction and decreases myocardial contractility, increasing the risk of AV block with verapamil or diltiazem or of hypotension with any calcium channel blocker.

Use with caution in pregnancy and with nursing mothers.

Always dilute with D5W solution when possible.

All infusions should be in D5W with PVC free IV tubing and bag.

**ADVERSE REACTIONS AND SIDE EFFECTS**

Adverse reactions include; phlebitis, fever, bradycardia, CHF, cardiac arrest, hypotension, ventricular tachycardia, nausea, and abnormal liver function.

**DOSAGE**

**Adult**

**VF/VT Cardiac Arrest Unresponsive to CPR, Shock and Vasopressor**

First dose: 300mg IV/IO push

Second dose: 150 mg IV/IO push (given in 3 to 5 minutes after first dose if no response)

**Life threatening Arrhythmias**

(Rapid Infusion) 150 mg IV over first 10 minutes by IV drip. May repeat rapid infusion Every 10 minutes as needed.

(Slow Infusion) 100 mg. in 100 cc D5W gives a 1mg/cc concentration, run at 1 mg/min. over next 6 hours.

(Maintenance Infusion) Contact on-line medical control prior to initiation to assist with Drug dose calculations.
Standard dose: 540mg IV over 18 hours or (0.5mg per minute).
(IV solution should be no greater than 2 mg /cc concentration to prevent phlebitis.)

Max. cumulative dose is 2.2 g. IV over 24 hours

**Pediatric:**

**Refractory VF, Pulseless VT**

5 mg/kg IV/IO bolus, can repeat 5mg/kg bolus up to total dose of 15 mg/kg (2.2 g in adolescents) IV per 24 hours.

Max single dose: 300mg

**For Perfusing Supraventricular and Ventricular Arrhythmias**

Loading dose: 5 mg/kg IV/IO over 20 to 60 minutes (maximum single dose: 300 mg).

Can repeat to maximum of 15 mg/kg (2.2 g in adolescents) per day IV.