



DILTIAZEM (CARDIZEM)



Escambia County, Florida - ALS/BLS Medical Protocol

ACTIONS

Diltiazem inhibits the influx of calcium ions during membrane depolarization of cardiac and vascular smooth muscle.

The therapeutic benefits of Diltiazem with supraventricular tachycardias are related to its ability to slow AV nodal conduction time and prolong AV nodal refractoriness.

Diltiazem slows ventricular rates, interrupts the reentry circuit in AV nodal re-entrant tachycardias and reciprocating tachycardias.

Diltiazem also prolongs the sinus cycle length and decreases peripheral vascular resistance.

INDICATIONS

Atrial Fibrillation or Atrial Flutter with **rapid ventricular response**.

Paroxysmal Supraventricular Tachycardia.

Unless contraindicated, vagal maneuvers should be attempted prior to administration of Diltiazem.

CONTRAINDICATIONS

Sick sinus syndrome except in the presence of a functioning ventricular pacemaker.

Second- or third-degree AV block except in the presence of a functioning ventricular pacemaker.

Severe hypotension or cardiogenic shock


Demonstrated hypersensitivity to Diltiazem.



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Approved by:


Charles Neal, D.O. Medical Director



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Intravenous Diltiazem and intravenous beta-blockers should not be administered together or in close proximity (within a few hours).

Wolff-Parkinson-White syndrome or short PR syndrome.

Ventricular tachycardia.

WARNINGS

Diltiazem should be used with caution in patients with impaired liver or renal function.

Intravenous Diltiazem administered to a patient who is taking oral beta-blockers may cause bradycardia, AV block, and/or depression of contractility.

Caution should be used when administering Diltiazem and anesthetics.

Caution should also be used in pregnant females and mothers that are nursing.

Caution if administered in the presence of CHF.

ADVERSE REACTIONS AND SIDE EFFECTS

Hypotension, itching or burning at injection site, flushing of skin, or junctional rhythm. Other side effects are less frequent (e.g. AV blocks, atrial flutter, chest pain, etc.).

DOSAGE

Adult dosage:

0.25 mg/kg IV (over 2 minutes) (only once)


Followed by drip at 5 to 15mg/hr IV (for < 24 hours to control ventricular rate).



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