Guidelines for the Administration of IV Amiodarone | Clinical Guideline
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Document Review History

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It is the personal responsibility of the individual referring to this document to ensure that they are viewing the latest version which will always be the document on the intranet.
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1.0 Purpose of Policy

1.1 Amiodarone hydrochloride is indicated for the treatment of serious cardiac arrhythmias, in cases where other therapies are not effective or contraindicated:

- atrial arrhythmias, including atrial fibrillation or flutter
- AV (atrioventricular) nodal arrhythmias and AV reentrant tachycardia, e.g. as a manifestation of Wolf-Parkinson-White syndrome
- life-threatening ventricular arrhythmias, including persistent or non-persistent ventricular tachycardia or episodes of ventricular fibrillation.

1.2 The purpose of the policy is to aid the prescribing and administration of IV (intravenous) amiodarone in an emergency care setting.

2.0 Scope

2.1 This guidance assumes that a risk assessment has been performed and the need for IV amiodarone has been identified.

2.2 This guidance is for dose calculation and administration only. Further information may be obtained from the BNF (British National Formulary), UCL Injectable Medicines Administration Guide and the summaries of product characteristics (SPCs) and must be used in conjunction with these guidelines.

3.0 Training

3.1 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.

4.0 Equipment

4.1 IV infusion via volumetric infusion pump is preferred as amiodarone may reduce drop size.

4.2 Avoid equipment containing the plasticiser di-20ethylhexylyphthalate (DEHP).

5.0 Monitoring

5.1 ECG monitoring is required.

6.0 Loading dose

6.1 Usually 300mg in 100mls Glucose 5% over 20 minutes to 2 hours, followed by continuous infusion of 900mg in 500mls Glucose 5% over 24 hours.

6.2 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.
7.0 Maintenance dose

7.1 Only use IV amiodarone for maintenance dose if patient unable to take orally. Repeated infusion is very irritant and continuous infusion should therefore be via a central line.

8.0 Administration

8.1 Repeated or continuous infusion via peripheral veins may lead to injection site reactions. When repeated or continuous infusion is anticipated, administration by a central venous catheter is recommended. If peripheral administration is necessary, dilute well (e.g. 300mg in 250mls glucose 5%).

**Dilution to a concentration of less than 600 micrograms/mL is unstable. Solutions of <300mg/500ml glucose should not be used.**

8.2 Must be diluted in glucose 5% (do NOT dilute in sodium chloride).

8.3 Can be given in smaller volumes to a maximum concentration of 900mg in 50mls if necessary (CENTRAL LINE ONLY).

8.4 Use glucose 5% as a flush.

9.0 IV Compatibilities

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

9.2 Where it is necessary to infuse amiodarone via the same line as other infusions, particularly those containing sodium chloride 0.9%, refer to Medicines Information (ext. 4822) for further advice.

10.0 Conversion from IV to oral

10.1 As soon as an adequate response has been obtained, oral therapy should be initiated **concomitantly** and the injection phased out **gradually** allowing an iv/oral overlap period of at least 24 hours.

10.2 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
10.3 The rationale is to give, over 1 - 2 weeks, an overall loading dose of amiodarone (oral equivalent, allowing for excretion) of 4200mg, in a patient similar to the usual oral regime.

10.4 The standard protocol for oral loading of amiodarone is 200mg three times daily for one week followed by 200mg twice daily for a week (total 7000mg over 14 days), before continuing with maintenance therapy of 200mg daily. However, when initiating oral therapy following IV dosing, both the total IV dose already delivered, and the duration of this treatment, need to be considered, as the pharmacokinetics of amiodarone following chronic administration are altered.

11.0 Side effects

11.1 IV bolus: rapid administration may cause hypotension and circulatory collapse – patient should be closely monitored e.g. in intensive care.

11.2 Rapid administration of infusion may cause hypotension, anaphylactic shock, sweating, nausea and in patients with respiratory failure, bronchospasm and apnoea.

11.3 Thrombophlebitis at the site of infusion.

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

12.0 Communication

12.1 The guideline will be placed on the intranet and on the trust website

12.2 The author is responsible for ensuring that clinical staff are directly informed via attendance at meetings or by direct email

13.0 Breaches of this Clinical Guideline

On all occasions that this guideline is not complied with, a risk event form must be completed.

14.0 References

British National Formulary, 61, March 2011


Sanofi Aventis Medicines Information uk-medicalinformation@sanofi-aventis.com
Lisa Thorpe BSc (Hons) –letter dated 06.09.11