

## AMIODARONE

Ref No: 1945

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**Care Group** : Unscheduled Care (Emergency)  
**Developed (date)** : December 2012  
**Last updated** : October 2014  
**Last reviewed** : October 2014  
**Planned review** : October 2016  
**Keywords** : Amiodarone, IV  
**Comments** :

***Administer amiodarone via a central venous cannula wherever possible. If it must be given peripherally, use a large vein, preferably in the arm***

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### INDICATIONS

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Patient in VT with a pulse and supraventricular tachycardia.

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### CONTRA-INDICATIONS

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Sinus bradycardia, sino-atrial heart block, respiratory failure, circulatory collapse, sick sinus syndrome without pacemaker, concurrent drugs that prolong QT interval. or severe arterial hypotension.

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### CAUTIONS

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Use of amiodarone hydrochloride in combination with the following medicinal products is not recommended: beta-blockers, heart rate lowering calcium channel blockers (verapamil, diltiazem), stimulant laxatives capable of causing hypokalaemia, fluoroquinolones and HIV-protease inhibitors

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### DOSAGE

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#### ***Loading***

Add 300mg to 250 ml of 5% glucose. Infuse over 20 minutes – rate 750 mls/hr

#### ***Maintenance***

Add 900mg to 500ml of 5% glucose and infuse over 23 hours

NB. If patient weighs less than 60kg then the maintenance dose is 15mg/kg  
Flush with 5% glucose

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## DRUG MONITORING

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None

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## PATIENT MONITORING

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The patient must be attached to a cardiac monitor and have continuous heart rate, minimum of 3 lead monitoring, oxygen saturations. Blood pressure should be measured every 15 minutes for the first hour, every 30 minutes for the second hour and then hourly. If the blood pressure drops the infusion should be stopped and an urgent medical review requested.

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## SIDE EFFECTS

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Nausea, vomiting, taste disturbances, raised serum transaminases (may require dose reduction or withdrawal if accompanied by acute liver disorders), jaundice; bradycardia; pulmonary toxicity; tremor, sleep disorders; hypothyroidism, hyperthyroidism; reversible corneal microdeposits; phototoxicity, persistent slate-grey skin discoloration, injection-site reactions; *less commonly* onset or worsening of arrhythmia, conduction disturbances, peripheral neuropathy and myopathy (usually reversible on withdrawal); *very rarely* chronic liver disease including cirrhosis, sinus arrest, bronchospasm (in patients with severe respiratory failure), ataxia, benign intracranial hypertension, headache, vertigo, epididymo-orchitis, impotence, haemolytic or aplastic anaemia, thrombocytopenia, rash (including exfoliative dermatitis), hypersensitivity including vasculitis, alopecia, impaired vision due to optic neuritis or optic neuropathy (including blindness), anaphylaxis on rapid injection, also hypotension, respiratory distress syndrome, sweating, and hot flushes.