

AMIODARONE (Cordarone X) INTRAVENOUS ADMINISTRATION

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To ensure the safe prescribing and administration of IV amiodarone.

2. PATIENT

- Woman requiring treatment of:
 - Atrial flutter and fibrillation.
 - Supra-ventricular, ventricular tachycardia and recurrent ventricular fibrillation when other drugs ineffective or contraindicated.
 - Recommended after defibrillation and administration of adrenaline in cardiac arrest with persistent VT or VF.
 - Wolff-Parkinson-White syndrome.

3. STAFF

- Medical, midwifery and nursing staff

4. EQUIPMENT

- Amiodarone IV 150 mg in 3 mL ampoules

5. CLINICAL PRACTICE

- Must be administered where cardiac monitoring and defibrillation are available
- Must be administered by permanent Acute Care Centre staff assessed in medication delivery

Loading dose followed by a continuous infusion:

- Prescribe a single loading dose of 5 mg/kg (max. 300 mg).
- Dilute dose in 150mL of glucose 5%, in a burette and administer via an infusion pump over 60 minutes. Maximum of 2mg/mL for peripheral administration except in an emergency-see below.

If repeated doses or continuous infusion is anticipated, administer via a central venous catheter (CVC) or PICC line to avoid thrombophlebitis.

- Prescribe 900mg of amiodarone to be administered as a continuous infusion (ideally via a CVC).
- Dilute in a 500mL glucose 5% **non-PVC** fluid bag (free-flex bag. Available in ACC or the RHW AHDR).
- Administer via an infusion pump giving set over 24hours at a rate of 21mL/hour

Follow with oral/IV dose as per Drs orders.

Non loading dose regimen:

- Prescribe 1200 mg of amiodarone to be administered as a continuous infusion (ideally via a CVC).
- Dilute in a 500mL glucose 5% **non-PVC** fluid bag (free-flex bag. Available in ACC or the RHW AHDR).
- Administer via an infusion pump giving set over 24 hours at a rate of 21mL/hour.

Oral loading may be appropriate in some cases.

CLINICAL POLICIES, PROCEDURES & GUIDELINES

Approved by Quality & Patient Care Committee
17 May 2018

AMIODARONE (Cordarone X) INTRAVENOUS ADMINISTRATION cont'd

Bolus dosing:

- Should only be considered in an emergency for VF/VT
- Prescribe 300 mg of amiodrone for administration by the MO.
- Dilute dose in 10-20mL glucose 5%
- Administer over 3-5 minutes.

Administration

- Do not infuse other drugs through the same line as amiodarone.
- Change infusion container every 12 hours.
- Transfer to oral dose when practicable

Observations

- Daily ECG
- Continuous cardiac and oxygen saturation monitoring with alarms set.
- Hourly temperature, heart rate and blood pressure observations unless patient's condition is unstable when more frequent observations are required.
- Observe for peripheral thrombophlebitis when administering drug peripherally.

6. DOCUMENTATION

- Integrated Clinical Notes
- Medication Chart
- Observation Chart

7. EDUCATIONAL NOTES

- Use with extreme caution in patients with hepatic dysfunction
- Perform ECG, serum potassium and magnesium before treatment.
- Daily ECG with particular attention to development of U waves, deformed T waves and prolongation of QT interval.
- May prolong prothrombin time.
- May raise plasma digoxin level.
- Incompatible with normal saline.
- Amiodarone is adsorbed onto PVC. Solutions for continuous infusions that will exceed 2 hours must be prepared in glass bottles or **non-PVC** burettes or fluid bags. PVC tubing is fine to use of administration.

Contraindications

- Severe hypotension
- Pregnancy & breastfeeding (category C)
- Respiratory failure
- Hypersensitivity to iodine
- Congestive heart failure

Adverse effects

Acute:

Hypotension and Bradycardia
Nausea.
Vomiting.
Headache.
Vertigo
Bradyarrhythmias, sinus arrest
Anaphylaxis on rapid injection.
Rash.
Torsades de pointes.

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Chronic:

Hepatotoxicity- monitor LFTs
Slate grey skin discoloration
Corneal microdeposits-reversible
Peripheral neuropathy.
Photosensitivity.
Dyspnoea.
Hypo and hyperthyroidism.
Arrhythmias
Pulmonary fibrosis.
Pneumonitis.

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Medication- Administration
- Labelling of injectable medicines, lines, fluids.
- Acute Care – Patient Acuity Guide

9. RISK RATING

- High

10. NATIONAL STANDARD

- Medication safety

11. REFERENCES

MIMSONline accessed via CIAP on 12/3/16

POWH ICU Amiodarone policy

Australian Injectable Drugs Handbook, 6th Edition, Society of Hospital Pharmacists of Australia 2015.

REVISION & APPROVAL HISTORY

Reviewed and endorsed Therapeutic & Drug Utilisation Committee 11/4/18

Approved Quality & Patient Care Committee 5/5/16

Reviewed and endorsed Therapeutic & Drug Utilisation Committee April 2018

Reviewed and endorsed Therapeutic & Drug Utilisation Committee 12/4/16

Approved Quality & Patient Safety Committee 15/5/14

Reviewed and endorsed Therapeutic & Drug Utilisation Committee 11/2/14

Approved Quality & Patient Safety Committee 16/7/09

Endorsed Therapeutic & Drug Utilisation Committee 16/6/09