Flecainide

Newborn use only

2021

Alert	Use in consultation with a Paediatric Cardiologist. Contraindicated in infants with reduced myocardial contractility. Use caution in patients with congenital heart disease—increased potential for pro-arrhythmic effects. Intravenous flecainide needs close cardiorespiratory monitoring
Indication	Treatment of paroxysmal supraventricular tachycardia, paroxysmal atrial fibrillation/flutter and life-threatening ventricular dysrhythmias as a second-line agent where tachycardia has been resistant to first-line agents.
Action	Decreases intracardiac conduction for all parts of the heart, with the greatest effect in the His-Purkinje system. It acts by blocking fast sodium channels. As a type Ic agent, it slows cardiac conduction and decreases contractility.
Drug type	Type Ic antiarrhythmic agent.
Trade name	Flecainide Sandoz Tablets; Flecatab Tablets; Tambocor solution for injection, Tambocor Tablets
Presentation	**IV**: 10 mg/mL injection. **Oral**: 20 mg/mL suspension compounded by pharmacy. 50 mg, 100 mg tablets.
Dose	**Oral**: Starting dose: 1 mg/kg/dose 8 or 12 hourly. Increase by 1 mg/kg/dose as necessary to achieve maintenance of sinus rhythm up to the maximum dose. **IV**: 2 mg/kg over at least 10 minutes.
Dose adjustment	No information.
Maximum dose	8 mg/kg/day
Total cumulative dose	
Route	Oral [preferred route] or IV
Preparation (for IV administration)	Draw up 1mL (10mg of flecainide) and add 9mL of glucose 5% to make a final volume of 10 mL with a concentration of 1mg/mL. It can also be administered undiluted.
Administration	**Oral**: Administer between milk feeds. Do not administer with milk. Milk decreases absorption of the drug. IV: Infusion over at least 10 minutes. Patient needs to be monitored very closely with the potential for an acute deterioration.
Monitoring	Initiate treatment in hospital with ECG monitoring in consultation with paediatric cardiologist. When intravenous route is used, continuous ECG monitoring is mandatory. Perform ECG when the dosage is increased – monitor QRS duration and dysrhythmia. Therapeutic trough concentrations are not routinely required (200–1000 microgram/L).
Contraindications	Cardiogenic shock. Hypersensitivity to flecainide. Significant renal impairment (creatinine clearance < 50 mL/min). Reduced left ventricular ejection fraction.
Precautions	Use with caution in patients with congenital heart disease or conduction system disease (right bundle branch block, with left hemiblock and without pacemaker; second- or third-degree atrioventricular block, without pacemaker; sick sinus syndrome [bradycardia-tachycardia syndrome]). Milk decreases oral flecainide absorption. Consider decreasing oral dose or dose monitoring if change of milk diet. Dosing adjustments are required in infants with renal impairment because 10% to 50% of a flecainide dose is excreted in the urine. Use with caution in significant hepatic impairment.
Drug interactions	Use of any of the drugs prolonging QT interval (cisapride, amiodarone, clarithromycin, chloral hydrate, ciprofloxacin, erythromycin, octreotide, sodium phosphate, vasopressin, ketoconazole, fluconazole, hydrochlorothiazide, azithromycin, propranolol, digoxin, verapamil) with flecainide can lead to significant increase in QT interval.

Adverse reactions	**Adults:** **Common** Cardiovascular: Palpitations (6.1%); Gastrointestinal: Nausea (up to 10%); Neurological: Dizziness (18.9% to 30%), Headache (4.5% to 9.6%); Ophthalmological: Blurred vision (10% to 38%), Photopsia (up to 30%); Respiratory: Dyspnoea (up to 10.3%); Other: Fatigue (7.7%). **Serious** Cardiac arrest, cardiac dysrhythmia, cardiogenic shock, disorder of pacing function, electrocardiogram abnormalities, heart block, heart failure (new onset or worsening [up to 25.7%]), prolonged QT interval, sinus node dysfunction (1% to less than 3%), syncope (1% to less than 3%), torsades de pointes, ventricular fibrillation, ventricular tachycardia. **Children:** Dizziness, blurred vision and headache have been reported in children.
Compatibility	5% glucose
Incompatibility	Incompatible with alkaline and chloride-containing solutions.
Stability	Diluted solution stable for 24 hours at 25°C. Oral suspension compounded by Pharmacy stable for up to 60 days.
Storage	
Excipients	Silicified microcrystalline cellulose, croscarmellose sodium, maize starch, magnesium stearate.
Special comments	
Evidence	Refer to full version.
Practice points	
References	Refer to full version.

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