



**Drug Name:** Amiodarone

**Trade Name:** Cordarone, Pacerone

**REVISED:** November 1, 2017

**Class:**

- Class III antidysrhythmic.

**Mechanism of Action:**

- Prolongs duration of the action potential.
- Prolongs effective refractory period.
- Non-competitively inhibits alpha & beta receptors and possesses vagolytic & calcium channel blocking properties.
- Negative dromotrope, chronotrope, & vasodilator.

**Indications:**

- Pulseless ventricular tachycardia (VT) and ventricular fibrillation (VF).
- Ventricular tachycardia (VT) with a pulse.

**Contraindications:**

- Pulmonary Congestion
- Cardiogenic Shock
- Amiodarone Sensitivity
- Bradycardia
- Procainamide use
- TCA Overdose

**Precaution:**

- Hypotension
- Heart failure
- Long QT syndrome

**Dosage:**

**Adults:**

**Pulseless VT/VF:**

- 300 mg IV/IO initial dose, consider repeat dose of 150 mg 3-5 minutes after initial dose.

**Wide Complex Tachycardia:**

- 150 mg IV infusion over 10 minutes. May repeat every 10 minutes as needed. (max dose of 300 mg).
- **To Mix:** Mix 150 mg /100 ml NS in a buretrol and drip Run at equivalent of 600 ml/hr.

**Pediatrics:**

**Pulseless VT/VF:**

- 5 mg/kg IV/IO. May repeat doses up to 15 mg/kg (max dose of 300 mg).

**Wide Complex Tachycardia:**

Amiodarone

# RX

This document is for **reference only**. Please refer to SWO's for specific indications, dosages, and applications

# Amiodarone

## Side Effects:

- 5 mg/kg IV/IO over 20-60 min. May repeat does up to 15 mg/kg (max dose of 300 mg).
- Hypotension
- Headache
- Dizziness
- Bradycardia
- AV nodal conduction abnormalities
- QT prolongation
- Flushing
- Salivation

## Interactions:

- Potentiates bradycardia and hypotension with calcium channel blockers and beta blockers.
- Increases risk of AV nodal blockade with calcium channel blockers.
- May increase anticoagulation effects of Warfarin.
- May increase serum levels of Phenyton, Procainamide, Quinidine, and Theophylines.
- Should not be used with other medications which prolong the QT interval.
- Should not run through the same IV line in which Sodium Bicarb or Furosemide have been used.

## Precautions:

- Rapid infusion may lead to hypotension.
- Terminal elimination is extremely long (half-life lasts up to 40 days).

## PEARLS:

- Evidence for one particular antiarrhythmic over another is inconclusive.

**REFERENCE ONLY**