MEDICATION SHEET

SCOPE: ALS, CCT,	
MEDICATION:	**AMIODARONE (Cordarone)**
INTERVENTION:	Classification: Class III Antiarrhythmic Agent Actions: Inhibits adrenergic stimulation (alpha- and beta-blocking properties), affects sodium, potassium, and calcium channels, and prolongs the action potential and refractory period in myocardial tissue; decreases AV conduction and sinus node function Contraindications: • Hypersensitivity to Amiodarone, iodine • Sinus bradycardia • Second- and third-degree heart block • Cardiogenic shock • WPW syndrome Precautions: • May cause hypotension and bradycardia with rapid administration • May exacerbate arrhythmias, by making them more difficult to tolerate or reverse: heart block, sinus bradycardia, new ventricular fibrillation, incessant ventricular tachycardia, increased resistance to cardioversion, and polymorphic ventricular tachycardia associated with QTc prolongation • Known to prolong QT Concentration: 150 mg/ 100 ml NS or 300 mg/ 250 ml D5W Dosage: I. Pulseless VF/VT: a. Adult: i. IV/IO: 300 mg (undiluted) Rapid Bolus b. Pediatric: i. IV/IO: 5 mg/kg (max 300 mg) Rapid Bolus 1. May repeat twice up to a maximum total dose of 15 mg/kg II. A-fib, SVT, Stable VT: a. Adult: i. IV/IO: 150 mg over 10 minutes, 1. Then 1 mg/minute for 6 hours, a. Then 0.5 mg/minute for 18 hours b. Pediatric: i. IV/IO: 5 mg/kg (maximum 300 mg) over 20 to 60 minutes 1. May repeat twice up to a maximum total dose of 15 mg/kg Onset of Action: Within hours Duration: Variable, 2 weeks to months

	Adverse Effects: Bradycardia, hypotension, nausea, vomiting, Stevens-Johnson syndrome and toxic epidermal necrolysis (TENs), liver toxicity, proarrhythmic effects (brady and blocks), pulmonary toxicity, hyper- or hypothyroidism Special Considerations: I. Correct electrolyte disturbances, especially hypokalemia, hypomagnesemia, or hypocalcemia, prior to use and throughout therapy II. Should not be used in patients with WPW syndrome and pre-excited atrial fibrillation/flutter since ventricular fibrillation may result