

# GDL14

## AMIODARONE PRESCRIBING REGIMEN

### 1.0 Procedure Statement (Purpose / Objectives of the Procedure)

Amiodarone is a class III anti-arrhythmic drug that works by prolonging the duration of the cardiac action potential through blocking beta receptors, calcium channels and sodium channels. The resulting reduction in the rate of repolarisation and increased duration of the refractory period prolongs the QT interval, thereby slowing the heart rate.

#### Aim

To assist with the prescribing, administration, and monitoring of amiodarone. This guideline is intended for use in adult patients only.

### 2.0 Accountabilities

This document but will be managed by the cardiology directorate and cardiothoracic directorate.

### 3.0 Procedure/Guidelines Detail / Actions

<p><b>AMIODARONE PREPARATIONS</b> 200mg /100mg tablets 150mg in 3mL ampoule 300mg in 10mL pre-filled syringe</p>
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#### Intravenous

##### Administration

- Via a volumetric pump
- Dilute with Glucose 5% only

<p><b>IV Bolus (emergency use)</b></p>	<p>Administer 300mg in 10 to 20mL Glucose 5% over a minimum of 3 minutes, preferably 10 to 20 minutes. Do not repeat for at least 15 minutes.</p>
<p><b>Central line IV Infusion – Preferred route.</b></p>	<p><b>Loading:</b> 300mg in 50mL of Glucose 5% via a <b>central line</b> over 20 to 120 minutes. <b>Maintenance:</b> up to 900mg in 50mL Glucose 5% via a <b>central line</b> over 24 hours.</p>
<p><b>Peripheral line (large peripheral vein) IV Infusion – for emergency use only (e.g., cardiac arrest, ventricular arrhythmia)</b></p>	<p><b>Loading:</b> 300mg in 250mL of Glucose 5% over 60 to 120 minutes. <b>FOR EMERGENCY/SHORT TERM USE ONLY DUE TO RISK OF PHLEBITIS. CENTRAL ADMINISTRATION IS THE PREFERRED ROUTE.</b></p>

## Monitoring during IV administration

During the administration of intravenous amiodarone, *blood pressure, HR and ECG* should be monitored continuously. Rapid administration of amiodarone can cause hypotension with potential to destabilise the clinical condition of the patient. *There should also be facilities available for defibrillation and cardiac pacing.*

Intravenous amiodarone is very irritant, and thrombophlebitis may occur at the site of the infusion. Extravasation will cause tissue damage due to the low pH of amiodarone. *Central administration is thus recommended.* If extravasation occurs refer to local treatment policies.

For further administration or IV compatibility information consult with ward-based pharmacist or Medicines Information on ext. 85136.

## Oral

There are several permutations for amiodarone loading via the oral route. As a general rule, patients should receive up to 8 to 10 grams of amiodarone orally before reducing to a maintenance dose using one of the following regimes.

<b>High Oral Dose Regime (Rapid Loading)</b>	400mg TDS for 1 week, then 200mg OD thereafter.
<b>Low Oral Dose Regime (Slow Loading)</b>	200mg TDS for 1 week, then 200mg BD for 1 week then 200mg OD thereafter.

(**Cardiac surgical patients** may receive 400mg TDS for **1 day** and then start on the slow loading regime thereafter)

## Monitoring

Baseline chest x-ray, ECG, LFTs, TFTs, PFTs and serum potassium.

LFTs and TFTs should be repeated every six months for those patients on long-term treatment.

Pulmonary function tests and ophthalmic examination must be undertaken on an annual basis.

#### 4.0 Equipment Required

None required.

#### 5.0 Training

This guideline is available on the intranet.

ECG training.

#### 6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

#### 7.0 Equality Impact Assessment

Not applicable.

#### 8.0 Maintenance

The cardiology and cardiothoracic directorate will ensure the document is reviewed at least every 3 years.

#### 9.0 Communication and Training

This information will be disseminated to all relevant departments.

## 10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Compliance with guideline	Cardiology governance	Datix	As incidents happen	Cardiology governance

## 11.0 References - Legal, professional or national guidelines

- Henry Paw and Gilbert Park. Handbook of Drugs in Intensive Care. An A – Z Guide. Third Edition Cambridge University Press 2008
- UCL Hospitals Injectable Medicines Administration Guide. Third Edition Blackwell Publishing 2010
- Medusa Injectable Medicines Guide [Injectable Medicines Guide - Display - Amiodarone hydrochloride - Intravenous - Version 8 - IVGuideDisplayMain.asp \(medusaimg.nhs.uk\)](http://www.medusaimg.nhs.uk/IVGuideDisplayMain.asp)
- Micromedex DrugDex Evaluations <http://www.thomsonhc.com>
- British National Formulary <http://www.bnf.org>
- Critical illness medicines complete [MedicinesComplete — Search for Amiodarone](http://www.medicinescomplete.com)
- AHSP injectable drug information

### Part A - Document Control

Procedure/ Guidelines number and version  GDL14  Version 1.0	<b>Title of Procedure/Guideline:</b>  Amiodarone Prescribing Regimen Guideline	<b>Status:</b>  Final		<b>Author: Senior Pharmacist, Cardiac Services</b>  <b>Contributor: Nazish Khan</b>  <b>For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Medical Officer</b>
Version / Amendment History	Version	Date	Author	Reason
	1.0	March 2024	Senior Pharmacist, Cardiac Services	Implementation / to comply with Trust format
<b>Intended Recipients:</b> Nurses, doctors, allied health professionals				
<b>Consultation Group / Role Titles and Date: Cardiology Governance 27/09/23 and MMG 07/11/23</b>				
<b>Name and date of group where reviewed</b>		Trust Policy Group – March 2024		
<b>Name and date of final approval committee(if trust-wide document)</b>		Trust Management Committee – March 2024		
<b>Date of Procedure/Guidelines issue</b>		March 2024		
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		March 2027, every 3 years.		

<b>Training and Dissemination:</b> Email/will be available on the intranet.	
<b>Publishing Requirements: Can this document be published on the Trust's public page:</b>	
<b>Yes</b>	
If yes you must ensure that you have read and have fully considered it meets the requirements outlined in sections 1.9, 3.7 and 3.9 of <a href="#">OP01, Governance of Trust-wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines</a> , as well as considering any redactions that will be required prior to publication.	
<b>To be read in conjunction with:</b>	
<b>Initial Equality Impact Assessment: Yes Full Equality Impact assessment (as required):/NA</b> If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.	
<b>Contact for Review</b>	Shamma Khan – Senior Cardiac Pharmacist
<b>Monitoring arrangements</b>	Datix
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<b>Key words for intranet searching purposes</b>	Amiodarone