

Amiodarone

By Jim Moss

Indications:

- VF/pulseless V-TACH unresponsive to defibrillation, CPR, and a vasopressor
- Recurrent V-TACH with a pulse
- May be used for some atrial/ventricular arrhythmias with expert consultation.

Precautions/Contraindications:

- Do not co-administer with drugs that prolong the QT-interval (i.e.-*Procainamide, Haldol, Paxil, Seroquel, Lexapro, Risperdal, Zoloft*) may precipitate “R on T” phenomenon and subsequent VF.
- Max dose is 2.2 Grams (2200 mg) over 24 hours.

Dosing:

- *Adults* VF/Pulseless V-TACH=300mg 1st dose, 150mg 2nd dose, rapid IV/IO push V-TACH with a pulse=150mg IV infusion over 10 min., repeat every 10 minutes as needed.
- *Pediatrics*—VF/Pulseless V-TACH=5mg/kg IV/IO bolus, MAX of 15mg/kg V-TACH with a pulse=5mg/kg IV/IO infusion over 20-60 minutes

Scenario: 70 y/o Male complains of weakness. Pt denies dyspnea/chest pain.

Initial Vital Signs: HR 160, RR 24, SAO2 87% RA, BP 100/60, BG 120 mg/dl



Plan of care:

12-Lead ECG — Confirm V-TACH

Frequent Vital Signs

Oxygen therapy

IV/IO Access

Obtain SAMPLE history to confirm pt. is not taking QT-prolonging meds.

Amiodarone 150mg IV/IO infusion over 10 minutes, repeat as needed.

Rapid transport

*If V-TACH converts to a stable rhythm, maintenance infusion is 1mg/min.

*If pulseless V-TACH/VF develops, follow AHA Pulseless Arrest Algorithm.

*If pt. becomes “unstable,” proceed to Synchronized Cardioversion.