Amiodarone Intravenous for Adults

Who can administer

May be administered by registered competent doctor or nurse/midwife

Important information

- **Flush line before and after** with Glucose 5% as **amiodarone is incompatible with Sodium Chloride** 0.9%
- When repeated or continuous infusion is anticipated, administration by a central venous catheter is recommended (**repeated or continuous infusion via the peripheral veins may lead to injection site reactions**) [ref 1]
- There are numerous important interactions - check latest BNF
- Mini-jet formulation is occasionally unavailable. If minijet is not available, the dose may be drawn from the ampoule and diluted to 10mls with Glucose 5%
- Too rapid administration can cause circulatory collapse
- Where possible, administer via a **central line** to minimise vein irritation. However, it may be given via a large **peripheral vein** if a patient does not have central access [ref 1]
- For Y-site compatibility see below

Available preparations

Cordarone X 150mg per 3mL ampoule

Amiodarone 150mg per 3mL vial (Mylan)

Amiodarone 300mg in 10ml pre-filled syringe (for resuscitation trolley)

Reconstitution

Already in solution

Dilute further prior to administration

Use a 5 micron filter needle when drawing up contents of ampoule

Infusion fluids

Glucose 5%

Methods of intravenous administration

Flush line before and after with Glucose 5%.

See under 'Important information' re **central** vs peripheral **line**

Intermittent intravenous infusion (Loading dose only)(administer using an electronically controlled infusion device)

- Add to 250ml infusion fluid and administer over 60 minutes (20 to 120 minutes is acceptable)

Continuous intravenous infusion (Maintenance dose) (administer using an electronically

controlled infusion device)

- Add required dose to 500ml infusion fluid and administer over 24 hours (23 hours on day 1)
- Avoid equipment containing the plasticizer DEPH which may cause leaching (however, the clinical significance of this is uncertain [ref 1])

Central line administration only (ref 1)

- Loading dose may be given in 50 to 100mL infusion fluid over 60 minutes (20 to 120 minutes is acceptable)
- Maintenance dose: Add required dose to make total volume of 50ml for infusion via syringe driver over 24 hours

Ventricular fibrillation

- May be given faster in such circumstances (see under dose)

Dose in adults

Usual dose

Loading dose

- Administer 5mg/kg

Maintenance dose

- Administer 15mg/kg (maximum dose is 1200mg (including loading dose)Â over twenty-four hours
- See under Further information for guidance on how to change over from IV to oral therapy

Ventricular fibrillation/pulseless ventricular tachycardia (i.e.extreme clinical emergency)

- 150 to 300mg (using the 300mg/10ml minijet) as a slow bolus injection over at least 3 minutes
- Mini-jet formulation is occasionally unavailable. If minijet is not available, the dose may be drawn from the ampoule and diluted to 10mls with Glucose 5%
- Flush the line or inject into fast-running infusion to ensure delivery of the drug
- The dose should not be repeated for at least fifteen minutes
- Patients treated in this way must be closely monitored, for example in an intensive care unit

Monitoring

- **ECG** and blood pressure monitoring is required
- Monitor **site of infusion**- can cause thrombophlebitis and extravasation may cause tissue damage
- Monitor **LFTs** closely. Amiodarone dose should be reduced or stopped if transaminases increase to greater than three times the normal range
- Facilities for cardiac monitoring, defibrillation and cardiac pacing should be available
- Monitor **thyroid** function
- **Interstitial pneumonitis** has been rarely reported

Further information

- Infusion solutions containing **less than 0.6mg/ml (e.g. 300mg in 500ml) are unstable** and should not be used
- Amiodarone injection contains **iodine**
- Injection solution contains **benzyl alcohol**
- As soon as an adequate response has been obtained with intravenous amiodarone, oral therapy should

be initiated concomitantly at the usual loading dose (i.e. 200mg three times daily). The Intravenous dose should then be phased out gradually.
- While the manufacturers suggest that low adsorption administration sets are preferable, other sources say that the clinical significance of this issue is uncertain [(ref 1)]

Storage

Store below 25^{0}C

References

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1. Injectable Medicines Administration Guide UCL Medusa Downloaded 02/05/2025

Therapeutic classification

Drugs for arrhythmias

BNF
Arrythmias