Ajmaline Intravenous for adults

Who can administer

Administration RESTRICTED - see Appendix 1

Important information

- This drug may only be used under supervision of a **cardiologist in the Coronary Care unit**
- **Advanced cardio-pulmonary life-support systems must be immediately available** [ref 1]
- Ensure **isoprenaline injection** has been ordered and is ready for use if required- see separate monograph.
- Unlicensed medicine - not routinely stocked in GUH - reorder when used
- This monograph refers specifically to the use of the drug in the **diagnosis of Brugada syndrome**

Available preparations

Gilurytmal injection 50mg per 10ml ampoule

Reconstitution

Already in solution

Draw up using a 5 micron filter needle

Infusion fluids

Not required-product ready for use

Methods of intravenous administration

Slow intravenous injection (for the diagnosis of Brugada syndrome)

- Administer each 10mg over one minute [ref 1] (see Dose below), followed by Sodium Chloride 0.9% flushÂ [ref 3]

Dose in adults

Ajmaline challenge in the diagnosis of Brugada syndrome [ref 1,2]

- Administer 10mg every two minutes until termination indicated (see below) OR target dose of 1mg/kg (to a usual maximum total dose of 80mg (some references suggest maximum 100mg [ref 3]))
- Check ECG and observations after each bolus

Drug administration should be terminated if [ref 1,2]

- Maximum dose reached, **OR**
- Diagnostic Brugada pattern in at least one ECG lead: J point or ST segment elevation of 2mm with coved ST elevation in more than one right precordial lead (positive result)
- Occurrence of ventricular ectopic beats or ventricular tachycardia
- Sinus arrest

- 2nd or 3rd degree AV nodal block
- Prolongation of QRS duration by more than 30%

Monitoring

- Monitor for tissue damage if extravasated (low pH) [ref 3]
- Continue ECG monitoring for at least 1 hour afterwards or until ECG normalises or any adverse effects resolve [ref 3]
- During testing monitor blood pressure and pulse at 5 minute intervals until recovery is evident [ref 3]
- Consider also monitoring SaO2 [ref 3]
- Serum sodium levels during administration should not exceed 145 to 150mmol/L [ref 3]

Further information

- Contains propylene glycol [ref 3]

Storage

- Store below 25^{0}C

References

SPC translated from German to English Dec 2010 (linked on Medusa IV website)

1: Ajmaline for the Diagnosis of Brugada Syndrome, Brighton and Sussex hospitals September 2023

2: Ajmaline test- Brugada syndrome. University Hospitals of Leicester 21/01/2022

3: Intravenous drug administration guide, Medusa , downloaded 18/03/2026

Therapeutic classification

Class 1a antiarrhythmic