

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**
- There are **numerous drug interactions** (e.g. other antiarrhythmic drugs, enzyme inducers, drugs which cause QTc interval prolongation)

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 5ml Glucose 5% ^(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)
- 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

Storage

- Store below 25⁰C

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 May 2020

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

3: Intravenous drug administration guide, Medusa , Review date 14/4/2016, - downloaded 09/05/2023

Therapeutic classification

Class 1a antiarrhythmic