

## Who can administer

Administration RESTRICTED - see [Appendix 1](#)

## Important information

Flush lines with Glucose 5%

## Available preparations

Tambocor 150mg in 15ml (10mg/ml) ampoule

## Reconstitution

Already in solution

**Draw up using a 5micron filter needle**

## Infusion fluids

Glucose 5% (**preferred**)

Sodium chloride 0.9% (less stable- see under further information)

## Methods of intravenous administration

### **Intermittent intravenous infusion (using an electronically controlled infusion device)**

- May be diluted to any convenient volume with infusion solution - suggest dilute (with glucose 5%) to a concentration of 1mg per ml
- Administer required dose over 10 to 30 minutes (see under dose for details)
- Whilst unlikely to be practical flecainide may be given undiluted as a slow intravenous injection over SAME DURATION as intermittent infusion above.

### **Continuous intravenous infusion(using an electronically controlled infusion device)**

- May be diluted to **any convenient volume with glucose 5%**. Consider a concentration of 1mg per ml.
- See under Dose for suitable rate

## Dose in adults

### **Emergency use or for rapid effect**

- Administer 2mg/kg (to a maximum of 150mg) as a bolus injection or infusion over at least ten minutes (but see also next point)
- In patients with sustained tachycardia or those with a history of cardiac failure who may become decompensated during the administration, administer **over 30 minutes**
- Alternatively, may give **as divided doses**
- Stop the drug once there is control of the arrhythmia

## Prolonged therapy required

- Once initial dose has been administered as above, give
- First hour: 1.5mg/kg/hour
- Second and later hours: 0.1 to 0.25mg/kg/hour until arrhythmia controlled
- It is recommended that the infusion duration should not exceed 24 hours. However, where this is considered necessary, or for patients receiving the upper end of the dose range, plasma level monitoring is strongly recommended (see under Further Information')
- **Maximum** cumulative dose in first **24 hours** should not exceed **600mg**
- Switch to oral therapy as soon as possible (give oral dose as soon as infusion stopped)

## Renal impairment

- If CrCl less than 35ml/min/1.73m<sup>2</sup>, the maximum initial dose should be 100mg daily (or 50mg twice daily)

## Hepatic impairment

- Use with caution in severe hepatic impairment

## Monitoring

- Monitor ECG continuously when giving by intravenous injection, when infusing for longer than 24 hours and when using doses at the upper end of the dose range
- Therapeutic drug level monitoring is recommended for patients on high doses or extended periods, or for those with renal or hepatic impairment. However, as samples are sent to UK for processing, there may be a significant time delay in getting results - contact Biochemistry for further details

## Further information

- Glucose 5% is the preferred infusion fluid
- However, if necessary, may use Sodium chloride 0.9% but the concentration cannot exceed 150mg in 500ml (0.3mg/ml) to avoid precipitation <sup>(ref 1)</sup>
- Plasma level monitoring is recommended where therapy extends beyond 24 hours, or in those with renal or hepatic impairment (see SPC for details on required levels)

## Storage

- Store below 30 C
- Do not freeze

## References

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1: Injectable medicines guide, Medusa, downloaded 10/10/2022

## Therapeutic classification

Anti-arrhythmic